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The Editorial Board will be glad to receive and consider for publication letters containing information of general interest to physicians throughout the State or presenting constructive criticisms on controversial issues of the day. Also News and Notes items regarding the affairs and activities of hospitals, individuals, communities and local medical societies and groups throughout the State.

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# MEDICAL ASSOCIATION ★ ★ ★ ★

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Gerald W. Shaw, Santa Monica.....	1963
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<b>BUTTE-GLENN Medical Society.</b> Meets Fourth Thursday. Adrian R. M. Sears.....President 145 Spruce St., Gridley, or P. O. Box 186, Gridley Jay O. Gibson.....Secretary 170 E. 2nd Ave., Chico	<b>*NAPA County Medical Society.</b> Meets Second Wednesday, 908 Trancas Street, Napa Arthur C. Hemphill.....President 980 Trancas St., Napa Thomas W. Ledwich.....Secretary 980 Trancas St., Napa	<b>SANTA BARBARA County Medical Society,</b> 306 W. Pueblo St., Santa Barbara. Meets Second Monday, Cottage Hospital. James Dalton.....President 301 W. Pueblo St., Santa Barbara H. Vernon Freidell.....Secretary 1515 State St., Santa Barbara
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<b>HUMBOLDT County Medical Society.</b> Meets Second Thursday. Paul Moynihan.....President 839 9th St., Arcata Jack Walsh.....Secretary 519 Sixth St., Eureka	<b>*PLACER-NEVADA-SIERRA County Medical Society.</b> Meets Second Wednesday. K. M. Joye.....President 145 Midway Ave., Auburn T. J. Rossitto.....Secretary 1166 High St., Auburn	<b>SANTA CRUZ County Medical Society.</b> Meets every Second Month, Second Tuesday. Time, place to be announced. James L. DePuy.....President 30 Brennen St., Watsonville William Cress.....Secretary 526 Soquel Ave., Santa Cruz
<b>IMPERIAL County Medical Society.</b> Meets Second Tuesday, 8 p.m., Pioneer Memorial Hospital, Brawley. Robert J. Chapman.....President 608 G St., Brawley Ernest Brock.....Secretary 200 S. Imperial Ave., Imperial	<b>RIVERSIDE County Medical Association,</b> 4175 Brockton Ave., Riverside. Meets Second Monday, 8:00 p.m., El Loro Room, Mission Inn. John R. Peterson.....President 4025 Brockton Ave., Riverside Donald H. Abbott.....Secretary 4029 Brockton Ave., Riverside	<b>SHASTA-TRINITY County Medical Society.</b> Meets First Monday. Norman T. Woolf.....President 1505 East Street, Redding George A. Martin.....Secretary 1348 Market Street, Redding
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## **Cholesterol Role in Heart Disease Still Unknown**

The significance of lowered blood cholesterol levels in the prevention and treatment of heart disease is not definitely known, according to the American Medical Association's Council on Foods and Nutrition.

Methods of manipulating the blood levels of cholesterol have become of utmost interest, and because their importance is unknown confusion has resulted, the council said in a report in the August 29 issue of the *Journal of the American Medical Association*.

In an attempt to keep physicians informed of current knowledge about cholesterol, the council presented the views of five foremost researchers in the field.

"Of all the chemical compounds that are measured in clinical laboratories, there is none about which more has been written and about which less is understood than cholesterol," according to Dr. Lawrence W. Kinsell, Institute for Metabolic Research, Highland-Alameda County Hospital, Oakland, California.

It is well established, he said, that, statistically, elevated levels of cholesterol are found in association with atherosclerosis. It seems reasonable, therefore, to believe that measures directed toward lowering the levels may work in a desirable way. However, since cholesterol is a normal essential part of the human body, "it is obvious that attempts to 'get rid of' this compound would be both unphysiological and impossible," Dr. Kinsell said.

The objective, then, must be to achieve normal cholesterol metabolism with consequently normal blood levels in the hope that such a program will prevent abnormal deposits of cholesterol in the blood vessels, Dr. Kinsell stated.

Among the methods mentioned by the physicians are the use of diet, such drugs as nicotinic acid, estrogens, and increased exercise.

The significance of lowered levels hinges on the question: How fundamental is the role of this substance in the development of atherosclerosis?

According to Dr. W. Stanley Hartroft, of the department of pathology, Washington University Medical School, St. Louis, rat studies at his school have shown that the development of heart disease in an individual rat could not be predicted on the basis of its level of cholesterol.

This and other studies have suggested that when all the facts are uncovered, it "is not unlikely" that some other substance or substances in the blood may have a more direct bearing on the problem of atherosclerosis than does cholesterol, Dr. Hartroft said.

Research into the role of cholesterol and other factors must, of course, continue, he said. But in

(Continued on Page 16)

## Cholesterol Role in Heart Disease Still Unknown

(Continued from Page 12)

the meantime, there is probably little reason to recommend attempts to lower cholesterol levels in the blood of healthy men and women as long as those values fall within the usual ranges for people in the United States.

Dr. Edward H. Ahrens, Jr., and his co-workers at the Rockefeller Institute, New York, agree with Dr. Hartroft. They said, "Widespread, drastic revision of dietary practice seems unwarranted at this time." They hope that a more certain and direct approach to the prevention of atherosclerosis will be forthcoming as knowledge increases.

Dr. Ahrens listed several points of agreement concerning cholesterol. They are:

—Substitution of dietary fats rich in polyunsat-

urated fatty acids for those rich in saturated fats will lower cholesterol levels in almost every person, whether he has normal or above-normal cholesterol levels.

—The greater the substitution, the greater the effect; thus little benefit is obtained by merely adding a supplement of polyunsaturated fat to an otherwise unchanged diet.

—The effects of substitution are due to differences in fatty acid structure and not to trace factors such as vitamins, minerals, sterols, or other undefined nonfatty acid substances.

—The oral administration of other agents, such as nicotinic acid, also decreases serum cholesterol levels, but presumably by other mechanisms.

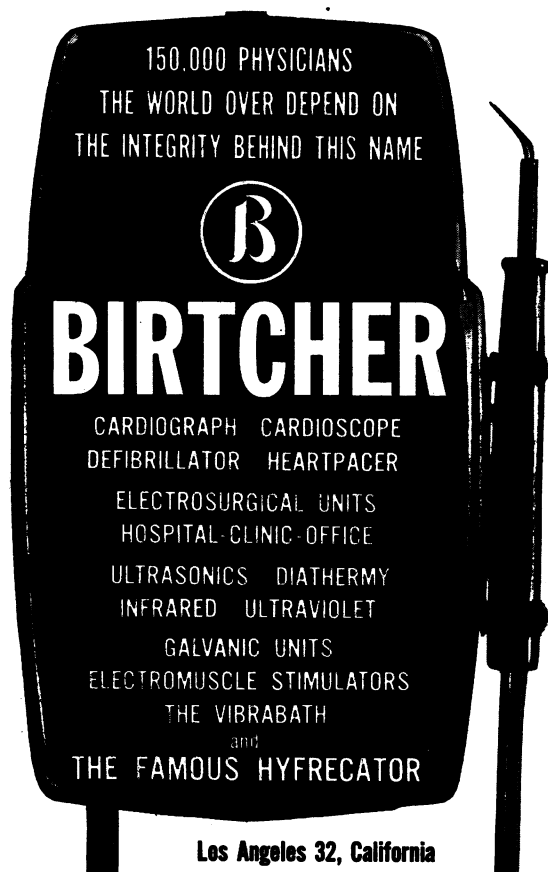
Dr. Joseph M. Merrill, Veterans Administration Hospital, Nashville, Tennessee, warned that drugs and diets are still in their experimental stage and probably should be left to the investigator.

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## Skin Diving Is Not a Healthy Activity for Some Persons

Skin diving may look like an adventuresome activity, but for some persons it could be dangerous. According to an article in the August issue of *Today's Health*, published by the American Medical Association, some five million Americans are now taking the plunge into the world under water.

The article said that skin diving makes demands on the body which are unlike those met in everyday life. For this reason it is unsuitable for persons with certain types of disorders:

—Navigating under water requires heavy exer-

tion and those with respiratory problems or heart and blood vessel disease should not attempt it.

—Because of pressure changes which the skin diver will encounter, the ears and sinuses must be in good condition and able to equalize pressure.

—A perforated eardrum means that water will almost certainly enter the middle ear and diving should be ruled out. Ear plugs are no help in this case since they are for surface swimming only and should not be used for diving; water pressure would cause ear pain and possible injury.

The mental attitude of some persons can make

(Continued on Page 26)

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## Skin Diving Is Not a Healthy Activity for Some Persons

(Continued from Page 20)

skin diving a hazardous business, the article continued. Swimmers who are reckless and think it's fun to take unnecessary chances, or those who panic in emergencies, are likely to be threats to themselves and their fellow divers.

If you intend to be a skin diver, the article suggests consulting a physician beforehand to determine your fitness for diving. It's a precaution that will pay safety dividends.

## Hypnosis Cures Hiccups in Heart Attack Victim

A single hypnotic suggestion successfully cured an eight-day case of hiccups in a man recovering from a heart attack, two Philadelphia physicians have reported.

A serious complication of myocardial infarction, hiccups produce extreme exhaustion in the patient if they are prolonged, Drs. Gordon Bendersky and Martin Baren said.

A 55-year-old man developed hiccups 22 days after he had suffered a heart attack. After eight days

(Continued on Page 42)



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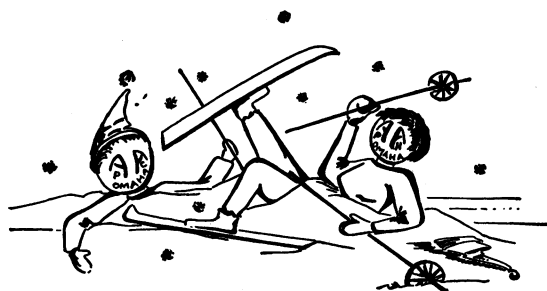
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## Tinted Devices Declared Detrimental to Night Driving

The use of any night driving lens or windshield, whether tinted, reflecting or polarizing, has been condemned by the Committee on Industrial Ophthalmology of the American Medical Association's Council on Industrial Health, according to its report in the October 17 issue of the *Journal of the American Medical Association*.

Its opinion is:

—That a night driving lens or windshield reduces the light transmitted to the eye, and actually makes seeing at night more difficult.

—That the source of night driving glare is the contrast between the headlights of oncoming cars and the darker surroundings. This contrast is not reduced by the use of tinted lenses or windshields. Instead, they really reduce the intensity of illumination from both the headlights and the surroundings. This impairs vision.

—That there is no scientific evidence to support any claim that the use of tinted lenses or windshields improves night vision.

## Nurses' Professional Liability

The husband and three children of a patient who was in the hospital for the delivery of a child sued the doctor, the hospital, and the two nurses for her alleged wrongful death.

The evidence showed that the doctor, when the patient was about to deliver, had her removed to the delivery room. There he made an incision in her cervix to facilitate the delivery; a vein was severed and the cut was not sutured. This action was held by the jury to be in violation of the standard of medical care in the community.

The court said . . . conceding that the doctor was negligent, the failure of the nurses to take proper action could have contributed to the death of the patient. After the patient was returned to her room the nurses did not take the patient's pulse, blood pressure, temperature or respiration, and did not call the patient's doctor even when aware that the patient's bleeding was more than normal under the circumstances and despite the fact that the doctor's orders stated that he was to be called in such event. Although the nurse was "horrified" at the treatment which the doctor was giving, she did not notify hospital authorities of this fact. Thus, said the Court, there was sufficient evidence to support a finding that the nurses were negligent and the hospital would be liable thereof under the doctrine of *respondeat superior*.

—*Goff et al., v. Doctors General Hospital of San Jose et al.*, 9 Negligence Cases (2d) 311, (Cal. Dist. Ct. of Appeal, Third Dist., Dec. 17, 1958).

## Hypnosis Cures Hiccups in Heart Attack Victim

(Continued from Page 26)

of almost constant hiccuping, during which all the standard treatment methods were tried, the patient was given one hypnotic suggestion that the hiccups would disappear.

"This proved to be successful. Except for two hiccups which occurred several hours later, the hiccups failed to return. The remainder of his convalescence was uneventful," the physicians wrote in the September *Archives of Internal Medicine*, published by the American Medical Association.

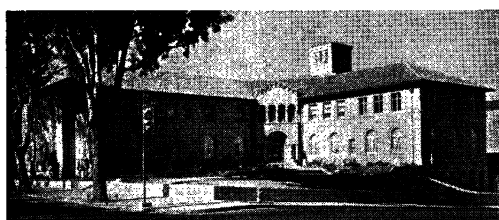
No other case of successful termination of hiccups following a single hypnotic suggestion has been reported, the physicians said. While the general use

of hypnosis for eliminating psychosomatic manifestations cannot be endorsed and may be highly dangerous, they believe the seriousness of the hiccups and the failure of all other methods warranted its use.

Dr. Bendersky is associated with the Hahnemann Medical College and Hospital and Dr. Baren with Children's Hospital, Philadelphia.

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## Need for More Radiation Therapists Stressed

The picture of a cancer-fighting doctor with the most modern weapons of physics and the radiological sciences at his command has been drawn by two cancer specialists who urge more physicians to consider specializing in radiation therapy.

Radiation therapy should not be considered merely a technical service to be administered by someone who understands the production of x-rays but who has little knowledge or interest in the problems of cancer patients, stated Drs. John O. Archambeau and Orliss Wildermuth in the October 10 issue of the *Journal of the American Medical Association*. Rather, they said, radiation therapy is a clinical specialty, and the therapist is a clinician.

"At present," they added, "radiation therapy is in a vigorous growth period. Supervoltage machines, rotational therapy, and radioisotopes have increased its versatility and applications. Until a breakthrough occurs in the treatment of cancer, we can expect continued growth and usefulness of radiation therapy. It is an uncrowded specialty, with only about 100 full time practicing clinical therapists. The need

for therapists far exceeds their availability, and this lopsided situation is expected to continue."

Besides being familiar with the machinery and principles used in radiation therapy and having special knowledge of x-ray production and utilization, the radiotherapist also must be well acquainted with clinical diagnostic techniques and pathology, the physicians said. He not only uses the general examining methods common to all physicians, but he also works closely with other specialists in treating a cancer patient.

The American Board of Radiology issues a special certificate in radiation therapy. Training for a certificate includes a three-year period devoted to studying the application of ionizing radiations in the treatment of cancer patients, followed by a fourth year of practice or general training.

Financial help during residency is provided for eligible physicians by training fellowships from the National Cancer Institute and the American Cancer Society, the physicians stated.

Dr. Archambeau is a fellow of the National Cancer Institute; Dr. Wildermuth is with the Tumor Institute of Swedish Hospital, Seattle.

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## Rare Cases of Hallucinations

When one person has a hallucination, it is interesting, but not unusual. When three persons—members of the same family—have similar ones, it is rare and medicine takes notice.

The cases of two families, each with three members who had similar hallucinations, are reported by Dr. N. Lukianowicz, Barrow Hospital, Bristol, England, in the September issue of *Archives of General Psychiatry*, published by the American Medical Association.

Family A. consisted of a brother and two sisters. The brother and one sister lived together, while their married sister lived down the street. Their mother died at age 72 after long suffering from an inoperable cancer and senile dementia.

Shortly after the mother's death, all three children began "seeing" their mother just before they fell asleep. The brother said, "Since my mother died, her apparition comes usually twice a week through the closed door of my bedroom and stops at the foot of my bed. She stands there for a while and stares at me." A sister said, "She would come in, right through the panels in the door, and then would stop at my bed and gaze."

They also reported "hearing" their mother call them by name during the day.

Their hallucinations continued until the brother entered a hospital for surgery.

Family B. consisted of a father, mother and daughter. They too experienced similar hallucina-

tions, although they also had individual ones. Father and mother were once awakened by a knocking at their bedroom door when no one was there. The mother told of waking and "seeing" her husband sitting at the foot of the bed with his head in his hands. She asked if he were ill and then realized that he wasn't there at all, but was sleeping beside her. The daughter had daytime auditory hallucinations.

The father suffered recurrent hallucinations during the daytime. He "felt" someone's hand resting on his shoulder. He explained, "I knew at once who it was. It was my father, for he always liked to put his hand on my shoulder when talking earnestly to me. I turned around, but there was no one there."

After the second such experience, he and his wife decided it was "a delayed shock" after his father's sudden death and that he must be "imagining things."

The hallucinations ended after Mr. B. underwent psychotherapy.

Dr. Lukianowicz explained that most of these experiences were connected with sleep—either occurring just before going to sleep or just after awakening. However, those that occurred during the day were probably "ordinary" or "genuine" hallucinations, similar to those occurring in psychotic states or during infections and illnesses.

In both families, the central theme of the phenomena was the figure of a deceased parent, for whose death their respective children held themselves responsible. It is assumed, Dr. Lukianowicz

(Continued on Page 52)

# APPLICATION FOR HOUSING ACCOMMODATIONS

FOR YOUR CONVENIENCE in making hotel reservations for the coming meeting of the **California Medical Association**, February 21\*-24, 1960, Los Angeles, hotels and their rates are at the right. Use the form at the bottom of this page, indicating your first and second choice. Because of the limited number of single rooms available, your chance of securing accommodations of your choice will be better if your request calls for rooms to be occupied by two or more persons. **All requests for reservations must give definite date and hour of arrival as well as definite date and approximate hour of departure; also names and addresses of all occupants of hotel rooms must be included.**

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2961 Wilshire Boulevard.....	12.50-18.00	17.50-23.00	34.00

ALL RESERVATIONS MUST BE RECEIVED BEFORE: JANUARY 15, 1960

\*February 20: House of Delegates will start with evening meeting Saturday, February 20.

†The above quoted rates are existing rates but are subject to any change which may be made in the future.

#### CALIFORNIA MEDICAL ASSOCIATION

693 Sutter Street

San Francisco 2, California

Please reserve the following accommodations for the 89th Annual Session of the California Medical Association, in Los Angeles February 21-24, 1960. (House of Delegates members: First meeting of House begins Saturday evening, February 20.)

Single Room \$..... Twin-Bedded Room \$.....

Small Suite \$..... Large Suite \$..... Other Type of Room \$.....

First Choice Hotel..... Second Choice Hotel.....

ARRIVING AT HOTEL (date):..... Hour:..... A.M..... P.M. } Hotel reservations will be held until

Leaving (date):..... Hour:..... A.M..... P.M. } 6:00 P.M., unless otherwise notified

THE NAME OF EACH HOTEL GUEST MUST BE LISTED. Therefore, please include the names of both persons for each twin-bedded room requested. Names and addresses of all persons for whom you are requesting reservations and who will occupy the rooms asked for:

.....

.....

.....

Individual Requesting Reservations—Please print or type

Name.....

Address.....

Officer?..... Delegate?..... Alternate?.....

Country.....

City and State.....

## Rare Cases of Hallucinations

(Continued from Page 48)

said, that these experiences were precipitated by fear and an anxious expectation of punishment.

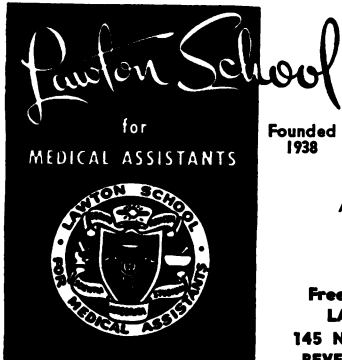
Mr. B. hated his father, the doctor said, and entertained death wishes against him. When the old man suddenly died, Mr. B. held himself responsible and expected punishment, probably from the hand of his deceased father. The hallucinated "hand" resting on his shoulder may symbolize the warning of the approaching revenge or it may be a sort of conditioned reflex, since the father had rested his hand on Mr. B's shoulder when disciplining him.

Family A.'s strikingly similar and uniform hallucinations are not surprising, since, being siblings, they represent a more homogeneous group than Family B., Dr. Lukianowicz said.

The causative factors of the A.'s hallucinations may be similar to those of Mr. B.'s. Old Mrs. A., apart from being physically very sick, was also suffering from a mental illness, and must have been extremely trying at times. Hence her children could not help developing some death wishes, which might even have had a certain "moral justification," the author said. She was obviously suffering and they

(Continued in Back Advertising Section, Page 62)

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# California M E D I C I N E

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

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Volume 91

DECEMBER 1959

Number 6

## Whither Medical Education?

MELVIN A. CASBERG, M.D., Ludhiana, Punjab, India

THE BEST PROPHETS, says a French proverb, are children and fools. Yet in sacred literature one finds that St. Paul advises us to "despise not prophesying." Obviously, it is the latter advice that gives me the moral courage to pry into the future and hazard a prophecy concerning medical education. As physicians you are fully aware of the dangers of prognostication and as time in its course unveils the years ahead, you may have good reason to respect the sagacity of French proverbs.

To assess the future with any degree of accuracy requires a knowledge of the present. Furthermore, a better understanding of the future lends intelligence to our present. Abraham Lincoln in his "A House Divided" speech given at the Republican Convention in 1858, said, "If we could first know where we are, and whither we are tending, we could then better judge what to do, and how to do it."

What are some of the major factors influencing medical education today? How will these factors relate to medical education of the future? Are there identifiable educational trends, currently in their infancy, that give promise of future maturation? Which of these trends should be nurtured and which discouraged?

It requires but a modicum of discernment to note that a ferment of change permeates medical educa-

tion today. The genesis of this change relates to a broad spectrum of facets so inextricably bound together as almost to defy separation—facets ranging from the explosive expansion of medical knowledge to the rapidly changing sociological atmosphere of our modern civilization; from the high cost of scientific education to the highly competitive market of faculty recruitment.

The sheer mass of recently discovered scientific knowledge presents a dual task, that of compiling an intelligent inventory of these new facts and, much more difficult, making this mounting volume of knowledge accessible and understandable.

The environment in which the medical graduate will function presents a moving sociological panorama. Among the more significant factors on this landscape are: a continuing emphasis on industrialization; the growing importance of suburbanization, with a migratory pattern leading away from both the concentrated metropolitan areas and isolated rural life; changing patterns of medical care as exemplified by the growing trend toward group practice; the rapid expansion of health insurance; and, finally, the mounting demands of an educated public for health services.

The quality of graduates from medical schools must never be compromised by demands for quantity, yet educators, now or in the future, cannot disregard their responsibility to produce an adequate supply of physicians. This responsibility probably is of greater concern to administrators of public institutions because of their more direct

Now Director of the Ludhiana Christian Medical College. He was at the time of presentation the Vice-President for Medical Affairs, University of Texas, Austin.

Presented at the Sixth Conference of Cardiovascular Training Grant Program Directors, Hershey, Pennsylvania, June 7, 1959.

Submitted July 8, 1959.

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## *Program*

FOR

# C. M. A. Annual Session

February 21\*-24

LOS ANGELES

Follows page 384 of this edition



**\*FIRST MEETING OF HOUSE OF DELEGATES WILL BE HELD  
SATURDAY, FEBRUARY 20, BEGINNING AT 7:30 P.M.**

## EDITORIAL

### Whither Government?

IN October of this year the California Medical Association held its annual Conference of County Society Officers. This meeting is a means of bringing the leaders of medicine in the county societies up to date with events of the moment. It is timed to disseminate information in advance of the annual convention, so that the county society representatives may have current information on which to base any actions or proposals emanating from their own confines.

That such conferences are valuable to the county representatives was proved by the many complimentary remarks and expressions of thanks voiced by those in attendance. The audience this year included the president, president-elect and secretary of each county society, plus two or more chairmen of important committees within the county societies. The presence of a number of county representatives given opportunity to discuss the program items, assures a maximum of reporting on these topics at the home base of the participants.

Much emphasis at the conference was placed on the changing patterns of medical practice under an ever-growing participation of government in the medical care of its citizens. It was obvious to all present that government has been infiltrating the field of medical practice and assuming a constantly enlarging responsibility for the care of people at tax-paid expense.

With each new incursion into medical practice, government establishes new rules, new controls. Each in itself may be understandable and not unduly onerous but when a multitude of such controls finally faces the individual physician, the gravity of the situation becomes obvious.

Although physicians have been opposing an outright system of tax-paid government-controlled medical practice for a number of years—and opposing it successfully—the government's gnawing at the edges has not been stopped to any noticeable degree. The sole remaining question seems to be—how far will it go?

California's own example shows that the state undertook to control a portion of medical practice in 1912, when the original Industrial Accident laws were written. While these laws did not actually set the State of California up in the practice of medicine, they did prescribe the conditions under which medical services would be rendered by physicians, the manner of reporting required in such cases and, more important, the fees that would be paid for professional services.

The medical profession turned its collective back on the Industrial Accident laws when they were first passed. Physicians felt that this was a dominated type of practice which was repugnant to them and under which they did not care to devote their time or talents. Yet, enough physicians did agree to handle these industrial injuries that the laws became effective. Today, less than five decades later, practically all eligible physicians in the state handle these cases and collect as full payment a schedule of fees which is patently below the fees for comparable services for private patients.

In this instance, at least, time seems to have dulled the keen edge of opposition which militant medical men displayed at this early threat to private medical practice.

More recently the profession has been confronted with a number of additional medical care plans under which government acts as a foster father for groups of citizens.

Crippled Children's Services, Unemployment Compensation Disability, Aid to the Needy Aged, Aid to Needy Children, Medicare, Aid to Needy Blind—all these have come into today's picture. Tomorrow—the Forand Bill?

Each program brings its new regulations. Each sets its own standards of performance and its own fees. Each specifies the training of physicians eligible for participation.

Each program, it must be admitted, has attracted an adequate number of physicians to make the plan work. While there is much grumbling from the profession as a whole over the many programs, physi-

# California MEDICAL ASSOCIATION

## Six-Year Cancer Study to Be Conducted

THE Cancer Commission of the California Medical Association has reviewed the recently announced six-year cancer study to be undertaken by the American Cancer Society, and gives its endorsement. Because physicians may be asked questions by their patients who will be involved, the Commission is outlining here the purpose and scope of the survey. The American Cancer Society's national Board of Directors, at its June 1959 meeting, approved an epidemiological research study of 500,000 families, which will include one million people, to be carried on by selected state divisions of the Society. The purpose of the study is to test many theories about the cause of cancer, with particular emphasis on environmental factors which may lead to the disease. The following are a few of the important questions on which it is hoped that valid data can be secured: Relationship of occupational hazards to cancer, family tendencies toward cancer, relationship between cancer and other diseases, relationship between breast feeding and breast cancer, relationship of air pollution to cancer, relationship between diet and cancer, the effect of quitting smoking and of the use of filters in relation to the development of lung cancer.

The study is to be conducted by volunteer researchers, each of whom will interview approximately seven families in which there is at least one member 45 years or older. Other adults over 30 years of age in each of these families will be asked to fill out a questionnaire. There will be an annual follow-up for a period of six years, and in every second year a supplementary questionnaire will be required. As in the case of the smoking study, vital statistics records will be checked annually to determine the cause of death of individuals who die during the study.

The California Division is among the 20 divisions which are being asked to participate. Because of its size, California's participation is crucial to the study. The suggested quota for California is 65,000 families, or approximately 150,000 adult individuals.

It is anticipated that the survey will have gotten

under way in most California communities by the end of this year.

The questionnaire being used for this survey is very extensive and covers a wide range of activities relating to the individual's living habits including diet, exercise and smoking. Some of the questions are quite personal but extreme caution will be exercised in maintaining the replies in complete confidence at the local, state and national levels.

The volunteers conducting this survey will be specially trained. However, they will not actually complete the questionnaire. The individual contacted by the volunteer will, himself, complete the questionnaire and place it in a sealed envelope which will not be opened until it reaches the statistical section of the American Cancer Society in New York City.

Each county medical society will be supplied a copy of the questionnaire and other pertinent information. Each local branch of the American Cancer Society likewise has detailed information regarding the survey. Each physician is urged to contact either of the above or the Cancer Commission of the California Medical Association (693 Sutter Street, San Francisco 2) if more information is desired.

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## In Memoriam

COUEY, ELMER J. Died in Santa Ana, October 25, 1959, aged 82. Graduate of College of Physicians and Surgeons of San Francisco, 1900. Licensed in California in 1900. Doctor Couey was a member of the Fresno County Medical Society, a life member of the California Medical Association and a member of the American Medical Association.



DANSKY, ABRAM EUGENE. Died in Berkeley, November 1, 1959, aged 39, of myocardial infarction. Graduate of University of Nebraska College of Medicine, Omaha, 1945. Licensed in California in 1950. Doctor Dansky was a member of the Alameda-Contra Costa County Medical Association.



HALEY, PHILIP STEPHEN. Died in San Jose, October 11, 1959, aged 59, of injuries from an auto collision. Graduate of St. Louis University School of Medicine, Missouri, 1929. Licensed in California in 1929. Doctor Haley was a member of the Santa Clara County Medical Society.



JACKEMY, EDWARD JOSEPH. Died in Los Gatos, October 13, 1959, aged 53. Graduate of University California School of Medicine, Berkeley-San Francisco, 1932. Licensed in California in 1933. Doctor Jackemy was a member of the Santa Clara County Medical Society.

JACOBS, BENJAMIN C. Died July 18, 1959, aged 62. Graduate of Cornell University Medical College, New York, N. Y., 1923. Licensed in California in 1942. Doctor Jacobs was a member of the Los Angeles County Medical Association.



PALMER, EDWIN O. Died in Hollywood, October 19, 1959, aged 87. Graduate of Columbia University College of Physicians and Surgeons, New York, N. Y., 1896. Licensed in California in 1900. Doctor Palmer was a member of the Los Angeles County Medical Association.



SHUMATE, JAMES WILLIAM. Died in Santa Cruz, October 11, 1959, aged 56. Graduate of University of Arkansas School of Medicine, Little Rock, 1929. Licensed in California in 1937. Doctor Shumate was a member of the Santa Cruz County Medical Society.



WATSON, TOLBERT. Died July 30, 1959, aged 79. Graduate of University of Minnesota Medical School, Minneapolis, 1908. Licensed in California in 1925. Doctor Watson was a retired member of the Santa Clara County Medical Society and the California Medical Association and an associate member of the American Medical Association.

## Program

FOR

## C.M.A. Annual Session

February 21\*-24

LOS ANGELES

Follows page 384 of this edition



\*FIRST MEETING OF HOUSE OF DELEGATES WILL BE HELD  
SATURDAY, FEBRUARY 20, BEGINNING AT 7:30 P.M.

# APPLICATION FOR HOUSING ACCOMMODATIONS

FOR YOUR CONVENIENCE in making hotel reservations for the coming meeting of the **California Medical Association**, February 21\*-24, 1960, Los Angeles, hotels and their rates are at the right. Use the form at the bottom of this page, indicating your first and second choice. Because of the limited number of single rooms available, your chance of securing accommodations of your choice will be better if your request calls for rooms to be occupied by two or more persons. **All requests for reservations must give definite date and hour of arrival as well as definite date and approximate hour of departure; also names and addresses of all occupants of hotel rooms must be included.**

## Eighty-ninth Annual Session CALIFORNIA MEDICAL ASSOCIATION Los Angeles, California FEBRUARY 21\*-24, 1960

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2961 Wilshire Boulevard.....	12.50-18.00	17.50-23.00	34.00

ALL RESERVATIONS MUST BE RECEIVED BEFORE: JANUARY 15, 1960

\*February 20: House of Delegates will start with evening meeting Saturday, February 20.

†The above quoted rates are existing rates but are subject to any change which may be made in the future.

#### CALIFORNIA MEDICAL ASSOCIATION

693 Sutter Street

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Single Room \$..... Twin-Bedded Room \$.....

Small Suite \$..... Large Suite \$..... Other Type of Room \$.....

First Choice Hotel..... Second Choice Hotel.....

ARRIVING AT HOTEL (date):.....Hour:.....A.M.....P.M. { Hotel reservations will be held until  
Leaving (date):.....Hour:.....A.M.....P.M. { 6:00 P.M., unless otherwise notified

THE NAME OF EACH HOTEL GUEST MUST BE LISTED. Therefore, please include the names of both persons for each twin-bedded room requested. Names and addresses of all persons for whom you are requesting reservations and who will occupy the rooms asked for:

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(Or.)—Original Article; (Ed.)—Editorial; (CMA)—California Medical Association; (CR)—Case Report; (I)—Information; (LE)—Letters to the Editor; (PE)—Page End; (MJ)—Medical Jurisprudence.

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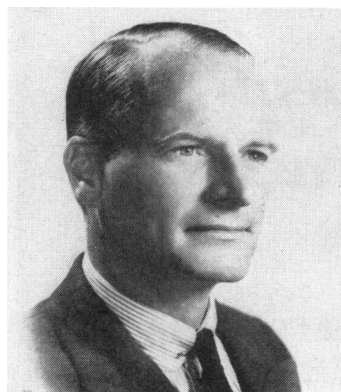
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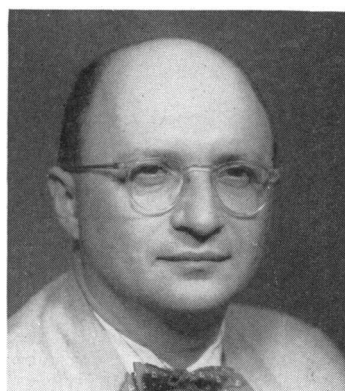
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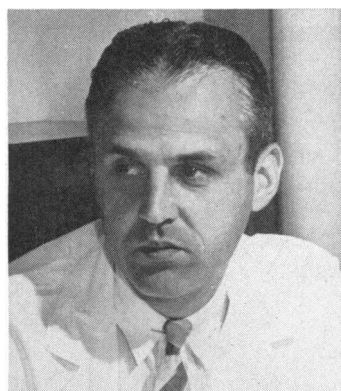
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**OLIVER COPE**



**ALBERT SEGALOFF**



**WM. BARRY WOOD, JR.**



## **Guest Speakers**

LAUREN V. ACKERMAN, M.D., St. Louis, Missouri—Professor of Surgical Pathology and Pathology, Washington University School of Medicine.

OLIVER COPE, M.D., Boston, Massachusetts—Associate Professor of Surgery, Harvard Medical School, Visiting Surgeon, Massachusetts General Hospital.

ALBERT SEGALOFF, M.D., New Orleans, Louisiana—Associate Professor of Clinical Medicine, Tulane University of Louisiana School of Medicine, and Director of Endocrine Research, Alton Ochsner Medical Foundation.

WM. BARRY WOOD, JR., M.D., Baltimore, Maryland—Professor of Microbiology and Director of the Department of Microbiology, Johns Hopkins University Schools of Medicine, and Hygiene and Public Health.

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### **SPECIAL GUESTS OF SECTIONS**

J. PALMER DEARING, M.D., Washington, D.C.—Director of Health Services, Office of Civil Defense and Mobilization.

J. R. BETSON, JR., M.D., Albuquerque, New Mexico—Obstetrician and Gynecologist, Lovelace Clinic.

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## Information

**BADGES.** It is important that badges be worn at all times. Admission to scientific meetings is by badge only.

**COUNCIL.** Frenchette Room. The first meeting of the Council will be held Saturday, February 20 at 9:30 a.m. Further meetings will be held each morning at 7:30 a.m.

**EMERGENCY CALLS AND MESSAGES.** Each physician should notify his own secretary regarding the exact section he plans to attend and the time of his attendance. It is up to the individual physician to keep his own office staff so informed. The Association will *attempt* to transmit messages to the individual physician.

In case of emergency, when the doctor cannot be located, the call will be referred to Emergency Call Service of the Los Angeles County Medical Association, HUBbard 3-1581.

**EXHIBITS. Technical Exhibits** — Ballroom, Sunset Room and Boulevard Room, Casino Floor.

**Scientific Exhibits**—South end of the Sunset Room and the north end of the Boulevard Room, Casino Floor. See list on page 37.

**Medical Motion Pictures** will be shown in the Colonial Room. See program synopsis, page 33.

You are urged to visit and attend all exhibits.

**MEETING TIMES AND PLACES.** See chart on page 9 for exact times and places of general and section meetings.

**REGISTRATION.** Registration and information desks are located in the Ballroom Foyer, Casino Floor. *All members, guests, and visitors are requested to register immediately on arrival.* There is no charge for registration, except for Postgraduate Courses. Registration desks are open Saturday through Wednesday. *Admission to the general and section sessions and exhibits areas is by badge only.*

**QUALIFICATIONS/REQUIREMENTS FOR REGISTRATION.** (a) All M.D.'s with credentials showing that they hold valid license to practice medicine. (Membership card in C.M.A.; county medical society/association or A.M.A. membership card.) (b) Medical students will be admitted upon presentation of credentials from their medical schools identifying them as medical students. (A membership card of the Student American Medical Association or letter from their dean's office.) (c) Medical secretaries will be admitted upon presentation of a letter from the physician-employer. (d) Pharmacist mates and other military personnel of a like grade will be admitted upon presentation of a letter requesting their admittance, written by their commanding officer. (e) Dentists (D.D.S.), doctors of veterinary medicine (D.V.M.), registered nurses (R.N.), student nurses, x-ray technicians, laboratory technicians, dietitians, allied public health personnel, and others will be admitted provided they have proper identification. (f) *All questions on admission will be passed upon by a member of the Committee on Registration who will be present at the desk.*

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## Other Meetings and Entertainment

### • SATURDAY, FEBRUARY 20

**C.M.A. HOUSE OF DELEGATES OPENING SESSION**  
—Embassy Room, 7:30 p.m.

**C.M.A. Cancer Commission Conferences on Radiology and Pathology**—East Venetian Room, Pathology; West Venetian Room, Radiology, 9:15 a.m. to 4:30 p.m.

**C.M.A. Cancer Commission Dinner**—Frenchette Room, 6:00 p.m.

**California Chapter of the American College of Chest Physicians Meeting and Reception**—Embassy Room, Meeting, 9:00 a.m. to 5:00 p.m.; Reception, Regency Room, 5:00 to 7:00 p.m.

### • SUNDAY, FEBRUARY 21

**PRESIDENTS' DINNER DANCE**—Cocoanut Grove, Ambassador Hotel, 8:00 p.m. Formal dress optional. Honoring the Presidents of the California Medical Association

and the Woman's Auxiliary. Tickets on sale in the Main Floor Lobby.

**C.M.A. Section on Allergy and California Society of Allergy Luncheon**—Oval Room "A," 12:30 p.m.

**C.M.A. Section on Allergy and California Society of Allergy Reception and Dinner**—Reception at 7:00 p.m., Lido Room; Dinner Dance at 8:00, Cocoanut Grove (Joining C.M.A. Presidents' Dinner Dance).

**C.M.A. Section on Orthopedics Luncheon**—Regency Room, 12:30 p.m.

### • MONDAY, FEBRUARY 22

**A.M.A. Delegates Meeting**—Lido Room, 2:00 p.m.

### • TUESDAY, FEBRUARY 23

**Local County Health Officers and County Society Officers Meeting**—West Venetian Room, 2:00 p.m.

# SCIENTIFIC SESSIONS

LOCATION	SUNDAY FEBRUARY 21		MONDAY FEBRUARY 22		TUESDAY FEBRUARY 23		WEDNESDAY FEBRUARY 24	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
AMBASSADOR HOTEL (Lobby Floor)								
Embassy Room	9:30 a.m. <sup>†</sup> House of Delegates	2 p.m. General Meeting Parathyroid Diseases		2 p.m. General Meeting Advanced Malignant Disease		2 to 3:30 p.m. General Meeting 3:30 to 5:30 p.m. Clinical-Patho- logical Conference	9:30 a.m. House of Delegates	
East Venetian Room	9 a.m. Pathology		9 a.m. Internal Medicine				9 a.m. Public Health	2 p.m. Psychiatry
West Venetian Room	9 a.m. Radiology	4 p.m. Radiology	9 a.m. Obstetrics and Gynecology		9 a.m. Special Meeting Disaster Medical Care		9 a.m. Pediatrics	2 p.m. General Practice, Obstetrics, Pediatrics Public Health
Colonial Room	9 a.m. General Surgery	2 p.m. Film Symposium	9 a.m. Film Symposium	2 p.m. and 8 p.m. Film Symposia	9 a.m. Film Symposium	3:45 p.m. and 8 p.m. Film Symposia	9 a.m. Film Symposium	2 p.m. Film Symposium
Grove Lounge	9 a.m. Dermatology		9 a.m. Ear, Nose and Throat				9 a.m. Urology	2 p.m. Urology
Lido Room	9 a.m. Industrial Medicine and Surgery	2 p.m. Ind. Med. & Surg., Physical Medicine	9 a.m. Physical Medicine					
Regency Room	9 a.m. Orthopedics		9 a.m. Postgraduate Course U.S.C.—Endocrinology	2 p.m. Eye	9 a.m. Postgraduate Course U.S.C.—Endocrinology		9 a.m. Neurology	2 p.m. Anesthesiology
Oval Room A (Casino Floor)	9 a.m. Allergy		9 a.m. Postgraduate Course U.C.L.A. Infectious Diseases		9 a.m. Postgraduate Course U.C.L.A. Infectious Diseases			
WHITE MEMORIAL HOSPITAL	9 a.m.* (Bus at 8 a.m.*) Postgraduate Course C.M.E.—Minor Surgery		9 a.m.* (Bus at 8 a.m.*) Postgraduate Course C.M.E.—Minor Surgery		9 a.m.* (Bus at 8 a.m.*) Postgraduate Course C.M.E.—Minor Surgery			
L.A. COUNTY HOSPITAL (Sunday only)	9 a.m.* (Bus at 8 a.m.*) Postgraduate Course U.S.C.—Endocrinology							
CHAPMAN PARK HOTEL (Sunday only)	9 a.m. Postgraduate Course U.C.L.A. Infectious Diseases							

\*Buses will leave Ambassador Hotel, Wilshire entrance, at 8:00 a.m.

†Opening meeting, House of Delegates, 7:30 p.m., Saturday, Feb. 20.

TECHNICAL EXHIBITS—Sunset Room, Ballroom and Boulevard Room, Casino Floor.  
SCIENTIFIC EXHIBITS—North End, Boulevard Room; South End, Sunset Room, Casino Floor.  
COUNCIL OF THE C.M.A. MEETS DAILY AT 7:30 A.M. IN THE FRENCHETTE ROOM

# SCIENTIFIC SESSIONS

## GENERAL MEETINGS

### FIRST GENERAL MEETING

SUNDAY, FEBRUARY 21

2:00—Embassy Room

#### Symposium

#### Parathyroid Disorders—Diagnosis and Treatment

Moderator: William F. Pollock, M.D.  
Santa Monica

- 2:00—The Diagnosis and Differential Diagnosis of Hyperparathyroidism—Gilbert S. Gordan, M.D., San Francisco.
- 2:30—The Application of the Newer Tests in Parathyroid Disease—Telfer B. Reynolds, M.D., Los Angeles.
- 3:00—Hyperparathyroidism — Surgical Experiences in the Treatment of 225 Cases Over 25 Years—Oliver Cope, M.D., Boston, Massachusetts, by invitation.
- 3:30—Recent Advances in Homotransplantation Techniques for Total Parathyroid Deprivation—Alex Gerber, M.D., Alhambra.
- 3:50—Panel Discussion—Questions and Answers. Members of the audience are strongly urged to submit questions to the panel.

### SECOND GENERAL MEETING

MONDAY, FEBRUARY 22

2:00—Embassy Room

#### Symposium

#### The Management of Advanced Malignant Disease

Moderator: Edward Shapiro, M.D., Beverly Hills

- 2:00—Prognostic Evaluation of Advanced Malignant Disease by the Pathologist—Lauren V. Ackerman, M.D., St. Louis, Missouri, by invitation.
- 2:30—Hormonal Alterations as a Treatment—Albert Segaloff, M.D., New Orleans, Louisiana, by invitation.
- 3:00—Contrasts and Enigmas in Thyroid Cancer—Oliver Cope, M.D., Boston, Massachusetts, by invitation.
- 3:30—The Place of Chemotherapy—Jesse Steinfeld, M.D., Los Angeles.
- 4:00—Palliation by Radiation—Malcolm A. Bagshaw, M.D., Palo Alto.
- 4:30—Panel Discussion with questions submitted from the audience.

### SPECIAL MEETING

TUESDAY, FEBRUARY 23

9:00—West Venetian Room

#### Symposium

#### Disaster Medical Care

Chairman: Justin J. Stein, M.D., Los Angeles

- 9:00—Address of Welcome—T. Eric Reynolds, M.D., President, California Medical Association, Oakland.
- 9:05—Introduction to Seminar—Justin J. Stein, M.D., Chairman, California Medical Association Committee on Civil Defense and Disaster, Los Angeles.
- 9:15—The Federal Disaster Medical Care and Shelter Program—W. Palmer Dearing, M.D., by invitation, Director, Health Services, Office of Civil Defense and Mobilization, Washington, D. C.
- 9:35—Discussion of the Progress of the Disaster Program in California—Harold G. Robinson, by invitation, Director, State of California Disaster Office, Sacramento.
- 9:55—Status of Medical Preparations for Disaster in California—Frank L. Cole, M.D., by invitation, Chief, Medical and Health Division, State of California Disaster Office, Berkeley.
- 10:15—Problems Concerning Radioactivity and Radioactive Fall-Out During a Disaster—Simon Kinsman, Ph.D., by invitation, Radiological Health Consultant, Region IX, United States Public Health Service, San Francisco.
- 10:35—Intermission.
- 10:45—The Current Status of Bacterial and Chemical Warfare—Cecil H. Coggins, M.D., by invitation, Assistant Chief, Medical and Health Division, State of California Disaster Office, Sacramento.
- 11:05—The Objectives and Functions of the Committee on Disaster Medical Care of the American Medical Association, and  
The Organization of a County Medical Society for Disaster Medical Care—Wayne P. Chesbro, M.D., Chief, Medical and Health Services, Region II, State of California, Berkeley.

11:20—**Problems Associated with Medical Disaster Care Preparations in Region I (Includes Los Angeles Area)**—Frank F. Schade, M.D., Chief, Medical and Health Services, Region I, State of California, Los Angeles.

11:40—**Question and Answer Period.**

Moderator: Justin J. Stein, M.D., Los Angeles  
All panelists will be available for questions from the audience

### THIRD GENERAL MEETING

TUESDAY, FEBRUARY 23

2:00—Embassy Room

Moderator: Thomas H. Brem, M.D., Los Angeles

2:00—**The Indications and Hazards of Corticosteroid Treatment**—Albert Segaloff, M.D., New Orleans, Louisiana, by invitation.

2:45—**The Limitations of Antimicrobial Therapy**—William Barry Wood, Jr., M.D., Baltimore, Maryland, by invitation.

### 3:30—Clinical-Pathological Conference

Moderator: Thomas H. Brem, M.D., Los Angeles

Members of the Panel:

Pathologist: Lauren V. Ackerman, M.D., St. Louis, by invitation.

Surgical Consultant: Oliver Cope, M.D., Boston, by invitation.

Medical Consultant: Albert Segaloff, M.D., New Orleans, by invitation.

Five cases will be presented. Members of the panel will discuss each from the medical, surgical and pathological aspects.

### Following are cases to be presented at the Clinical-Pathological Conference

#### CASE 1

A 63-year-old woman of Mexican extraction, who was first seen at the Los Angeles County Hospital in 1954, because of ulcers on the left leg, polyuria, polydipsia, and dyspnea. She was found to have diabetes mellitus, and her blood pressure was recorded as 200/100. She was treated with insulin and digitalis with much improvement.

During the following year she returned to the hospital on several occasions for varying symptoms. On one occasion she had diarrhea which subsided quickly, and on another she had fallen in the bathtub, injuring her back. X-rays showed generalized osteoporosis and a compression fracture L-1. Her diabetes appeared to be reasonably well controlled.

Her final admission was in January, 1956. This was occasioned by the sudden occurrence of anterior chest pain that had begun while she was sitting quietly. It was not accompanied by dyspnea, although it was aggravated somewhat by respiration. It radiated to both shoulders.

Physical examination disclosed a rather obese Mexican woman evidently in considerable pain. There was no particular dyspnea. The face was flushed. Temperature 99, respiration 18, blood pressure 200/100. The right fundus was obscured by a cataract, but the left appeared normal. Axillary lymph nodes were somewhat enlarged and apparently tender. The lungs were clear except for a few basal rales. The heart appeared to be enlarged with the apical impulse in the anterior axillary line. The sounds were clear, and there was a grade 2 systolic murmur in the second right intercostal space. The abdomen was obese and purplish striae were present in the flanks. No organs were palpable. Pelvic examination was normal. Old healed scars were present on the legs and no abnormal neurological signs were found.

The red blood count and hemoglobin were normal. The urine contained a few white blood cells but albumin, acetone, and sugar were absent. The electrocardiogram showed left ventricular hypertrophy only.

Serum sodium was 145 mEq./liter and  $\text{CO}_2$  29 mEq./liter.

The patient was treated symptomatically and the chest pain subsided without being identified as to cause. About two weeks after admission she became drowsy and lethargic without localizing signs. The serum sodium was 138 mEq./liter, potassium 2.5 mEq./liter,  $\text{CO}_2$  23 mEq./liter, and the nonprotein nitrogen 32 mgm. per cent.

The following day she was found to have a left hemiplegia with aphasia and inability to swallow. Blood pressure 170/80. Her condition deteriorated over the next few days with subsequent coma and death.

#### CASE 2

A 38-year-old unmarried white woman entered the hospital in April 1959 because of shortness of breath and swelling of the legs. Her history goes back to childhood when at six she had severe scarlet fever. Subsequently she was found to have a persistently rapid heart and complained of palpitation. In her late teens she began to limp, and a bowed tibia was found by her physician who ascribed it to calcium deficiency.

Menses began at 18 after a series of hormone injections. Periods were scant and infrequent, ceasing altogether at age 37. The breasts had never developed nor had axillary or pubic hair ever appeared.

At 24 a goiter was first noted. There was considerable emotional instability at this time, although "nervousness" had existed for many years. She subsequently fractured the right wrist three times with relatively minor trauma.

She had had polyuria, polydipsia and polyphagia for many years and six to eight soft bowel movements daily for as long as she could remember.

Physical examination on admission disclosed a thin, malnourished, very nervous woman looking considerably older than 38. There were many purposeless, fidgety motions of the hands. The skin was fine and soft and the hair sparse and silky. The blood pressure was 140/80, pulse 150 and grossly irregular, respiration 26 and temperature 101. There was obvious exophthalmos and lid lag. There was slight icterus of the sclerae. The pupils were normal, but the discs were distinctly pale, especially on the left, and a bitemporal visual field defect was easily demonstrated. The neck veins were distended, and the thyroid diffusely enlarged. The lungs were dull at bases with numerous rales. The heart was enlarged, the rate rapid, and rhythm grossly irregular with a pulse deficit of 30. A grade 2 systolic murmur was present over the whole precordium. Circulation time—10 seconds arm to tongue. Breasts were small and atrophic. The abdominal wall was edematous. The liver was moderately enlarged and tender. The genitalia were adolescent,

the cervix and uterus being infantile. The lower extremities were very edematous. There was a fine tremor of the extended hands. The reflexes were normal.

Laboratory examinations revealed a moderate anemia with a hemoglobin of 9.8 gm., a leukopenia of 2,700 with 53 per cent granulocytes and 47 per cent lymphocytes. The red cells were hypochromic but normal in size and shape. The urine was normal except for the presence of urobilinogen in a dilution of 1:128. Sulkowitch—trace.

A large variety of blood chemical determinations were made. The more important ones were: CO<sub>2</sub> 29 mEq., phosphorus 3.2 mgm. per cent, calcium 8.3 mgm. per cent, alkaline phosphatase 4.4 units (normal 3), albumin 2.3 gm. per cent, globulins 4.7 gm. per cent, serum bilirubin 2.5 mgm. per cent with 1.5 mgm. direct, fasting blood sugar 104 mgm. and 2-hour postprandial blood sugar 140 mgm. per cent. Protein bound iodine 15 micrograms per cent, and cholesterol 72 mgm. per cent. Radioactive iodine uptake—79 per cent.

The patient was treated with digitalis and diuretics, and her congestive failure responded rapidly.

The following endocrine studies were performed:

Control	
Eosinophil count .....	200
17-ketosteroids /24 hr. ....	8.5, 4.5 and 0.5 mgm.
17-ketogenic steroids /24 hr. ....	10.2, 11.2 and 14.2 mgm.
Follicle stimulating hormone (mouse units) .....	16, 5 and 5
ACTH (Intravenous)	
Eosinophil count .....	50
17-ketosteroids /24 hr. ....	6.5, 5.5 and 7.0 mgm.
17-ketogenic steroids /24 hr. ....	19.5, 20.7 and 24.8 mgm.
Follicle stimulating hormone (mouse units) .....	16 and 5

Treatment has resulted in considerable improvement, but she has recently returned to her Christian Science practitioner.

### CASE 3

The patient is a 48-year-old negro woman who entered the hospital because of fatigability and weakness, which she related to an attack of flu a month previously. She had been aware of hypertension for several years and had been under a doctor's care. She had never had symptoms of heart failure but recently had been troubled with headaches. Following the episode of flu she felt completely "run down" and had to quit her work as a domestic because of weakness of the legs.

The physical examination showed her to be well developed and in good nutrition. She was not acutely ill or in particular distress. The blood pressure was 240/140. The retinal arteries were somewhat narrowed but the discs appeared normal, and there were no hemorrhages. The lungs were clear and the heart was not appreciably enlarged nor were murmurs heard. The abdomen was negative. No edema was present, and the neurological examination was normal.

The routine blood count and urinalysis were normal. The concentration of the urine was persistently low, ranging from 1.005 to 1.009, and it was always alkaline in reaction with a pH of 7.5.

The blood urea nitrogen was 12 mgm., serum sodium 148 mEq., CO<sub>2</sub> 39 mEq., chloride 93 mEq., and potassium 2.1 mEq.

A regitine test and urinary catecholamines were normal.

On a low sodium, high potassium diet, the CO<sub>2</sub> fell to 29 mEq. and the potassium increased to 3.8 mEq. On returning

to a regular hospital diet, the CO<sub>2</sub> increased to 33 and the potassium fell to 2.3 mEq. in eight days.

Arterial blood pH was found to be 7.52 and 7.51 and the carbon dioxide pressure 46 and 43 mm. of mercury (normal 40).

The patient was operated upon.

### CASE 4

The patient is a 51-year-old Mexican male who came to the hospital because of palpitation and rapidity of the heart. He had had high blood pressure for several years that he knew of, but had not been troubled until about a year before when he sought medical help for right lower quadrant abdominal pain. His physician prescribed medicine for the hypertension and the pain disappeared.

About six months before admission he developed nervousness, vigorous heart action, excessive sweating, and tremor of the hands. He lost about twenty pounds despite a good appetite. His physician prescribed tablets which again produced relief of symptoms. However, he ran out of tablets and money. Because of a recurrence of symptoms he came to the county hospital.

Examination disclosed a well-nourished and well developed man in no acute distress. His blood pressure was 200/150 in both arms and the heart rate was 116 and regular. The hands were sweaty and cool. The optic fundi showed only some arteriovenous compression. The thyroid was not detectably enlarged. There was a vigorous systolic pulsation in the suprasternal notch. Lungs were clear. The heart appeared to be enlarged and its impulse forceful. No murmurs were present. No organs or masses were palpable in the abdomen. The genitalia were normal. Reflexes normal.

Laboratory examinations: Hemoglobin 17.5 gms., leukocyte content 11,000 with normal differential. Urinalysis: Specific gravity 1.020, albumin 3+, sugar negative. Microscopic negative.

Blood urea nitrogen—17 mgms. Blood sugar (2 hours postprandial) 210 mgm. Protein-bound iodine—7.8 micrograms per cent.

Chest x-ray: Heart and lungs normal.

The patient was treated with bed rest, reserpine and apresoline. The blood pressure fell to levels of approximately 160/80, but the heart rate remained around 110.

Radioiodine studies showed the uptake by the thyroid to be 28 per cent of the administered dose in twenty-four hours. The basal metabolic rate was +20 and the serum cholesterol 298 mgm.

A glucose tolerance test gave the following values: Fasting—113 mgm., ½ hour—177, 1 hour—209, 2 hours—248, 3 hours—158, and 5 hours—112.

The patient was operated upon.

### CASE 5

A 31-year-old white woman was first admitted to Barnes Hospital October 23, 1946 with chief complaint of umbilical hernia which she had had for many years and which had shown slight increase in size.

The only pertinent past history was that she had had two years of diarrhea consisting of 2 to 3 loose stools per day. Her blood pressure on admission was 95/50 and the physical examination was not remarkable except for the umbilical hernia. The only laboratory work which was done on this admission was routine blood count and urinalysis, both of which were within normal limits.



On October 25, 1946 she had repair of the umbilical hernia with a negative exploration of the abdomen and an incidental appendectomy. She was discharged November 6, 1946.

She was not seen here again until the time of her second admission from July 30, 1952 to December 23, 1952. At that time she stated that she had made a slow recovery from the previous operative procedure but had been plagued by constant right lower quadrant aching and a dragging sensation in that area. Consequently, 6 months after her first operation she was operated upon in her town and a "rotten" right ovary was removed.

Following this she did reasonably well, except that she continued to have diarrhea and shortly after that began to vomit. Both the diarrhea and the vomiting were progressive until February 1952 when she was having as many as 24 loose stools per day. These were on occasions tarry, but she denied the presence of bright red blood in them. The diarrhea was associated with cramping abdominal pain. The vomitus was green and consisted of undigested foods occurring immediately after she ate. In addition to the cramping abdominal pain she had burning epigastric pain which was relieved by food, and right upper quadrant pain which radiated to the scapula which was caused by food.

These symptoms had caused her to enter the hospital in her home town and there in February 1952 she had an upper gastrointestinal roentgen series which showed an "irritable stomach." Her only other complaints were slight dyspnea on exertion and ankle edema with easy fatigability.

On admission her blood pressure was 98/70 and she was a tired appearing, chronically ill woman. She showed clubbing of the fingers, diffuse spotty pigmentation which she said had been present all of her life, and diffuse abdominal tenderness. The admission diagnosis was regional ileitis or ulcerative colitis.

Routine blood count and urinalysis were normal. Stools were consistently guaiac positive and the vomitus was consistently guaiac negative. She had a fasting blood sugar of 44 mg. per cent which was checked on the following day and found to be 74 mg. per cent. The chloride was 80 mEq./liter and the total proteins were 5.8. Liver function tests, calcium and phosphorus were all within normal limits. Proctoscopy to 10 cm. was said to show greyish white edematous mucosa with focal bleeding points. She showed normal response to ACTH in the Thorne test.

She continued to complain of right upper quadrant pain, epigastric pain, and vomiting. A nasogastric tube was passed. On August 7, a gastrointestinal series showed "giant duodenal ulcer" and "atrophic small bowel patterns." Barium enema was reported as showing no specific abnormalities. She was started on a vigorous medical ulcer regime, but on August 8 she had an episode of sudden clinical shock with positive Trousseau's and negative Chvostek signs. She was treated empirically with calcium gluconate but chemistries showed normal calcium and phosphorus, a serum chloride of 56 mEq./liter and associated elevation in the CO<sub>2</sub>. She responded well to appropriate parenteral therapy and continued on her ulcer regime.

She continued to have copious gastric secretions (2,000 to 4,000 ml. daily) which were continually guaiac negative until August 16 at which time she had two episodes of shaking chills, elevated temperature and again clinical shock. Again she responded to appropriate parenteral therapy and was soon thereafter treated with continuous aluminum hydroxide drip and more vigorous medical ulcer therapy. At that time her urine chloride excretion was 66 mEq./liter and the stools continued guaiac positive.

On August 25 she had 600 cc. of grossly bloody stools. She was subjected to an exploratory laparotomy on that date and the operative note described a large mass in the head of the pancreas which was thought to be inflammatory and was not biopsied. In addition, the wall of the gallbladder was greatly thickened and the gallbladder itself was distended. A large duodenal ulcer was felt. A posterior gastroenterostomy was done and a cholecystostomy. She was again started on ulcer regime but continued to vomit and had copious gastric secretions (2,000 to 5,000 ml. daily) so that one week after the first operation, on September 2, 1952, she had a feeding jejunostomy of the Wetzel type. This was followed by episodes of alkalosis and tetany so that two weeks after the gastrojejunostomy, on September 9, 1952, she had a subtotal gastric resection, 75 to 80 per cent of the stomach was removed, and a posterior Polya type anastomosis was done. During the operative procedure a major pancreatic duct was cut and closed with heavy silk suture. The pathological report of the stomach showed no abnormalities.

In the immediate postoperative period she continued to have copious gastric secretions in the amount of 1,500 to 2,000 ml. per day. She had episodes suggestive of partial small bowel obstruction, continual substernal pain, continual diarrhea and finally, three weeks after the gastrectomy, she began to have voluminous pancreatic secretions pour from the abdominal wound. At this time also she developed thrombophlebitis of the right leg. The gastric secretions and the pancreatic secretions were returned through the feeding jejunostomy. At that point also for the first time a stool fat was done which was 1 plus, serum amylases during this period consistently ran 80 to 100, and the first gastric analysis which was done showed 10 units of free acid and 70 units of total acid. Her complaints continued the same so that on October 7, one month after the subtotal gastrectomy she was started on external roentgen therapy to the pancreatic region. Five days after this had been started the pancreatic secretion reached its peak amount of 3,000 ml. in one day. Following this the amount decreased rapidly so that on October 21, the last day of roentgen therapy, she had no pancreatic drainage. Her course continued the same until November 22, when she complained of severe dysphagia in addition to the aforementioned complaints which also persisted. Upper gastrointestinal series at this time showed stricture of the distal third of the esophagus with peptic ulceration in that area, distal bulbous enlargement and question of hiatus hernia. The question of a marginal ulcer was also raised.

On November 29 her white count was discovered to be 1,100 and a hematology consultant attributed this to the irradiation.

On December 22 she was clinically improved although still having considerable diarrhea with abdominal cramping pain, still having epigastric pain, but without pancreatic drainage. She was, therefore, discharged for Christmas.

The third Barnes Hospital admission came one week later, on December 26, 1952 until discharge January 20, 1953. At that time she complained only of an abscess in the area of the previous pancreatic fistula. The only laboratory work which was done was a white count which was 5,300. The abscess was incised and drained, with an uneventful course, and she was discharged.

She was not seen here again until time for the fourth admission, from April 15, 1953 to May 10, 1953. She was at this time 37 years old and said that she had gained 20 pounds since her last admission, from 70 to 90 pounds. She stated also that she had done extremely well until three weeks before this admission when she again had onset of

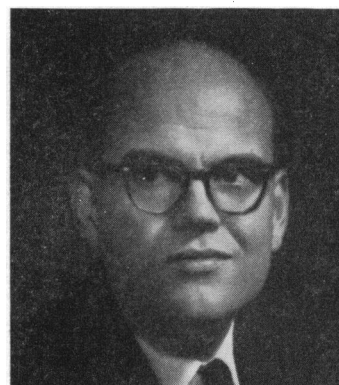
(Continued on Page 40)

## INTERNAL MEDICINE

Chairman.....Edward Shapiro, M.D., Beverly Hills  
 Secretary.....Charles D. Armstrong, M.D., Menlo Park  
 Assistant Secretary.....Clifford B. Cherry, M.D., Los Angeles



EDWARD SHAPIRO  
Chairman



CHARLES D. ARMSTRONG  
Secretary

### MONDAY, FEBRUARY 22

9:00—East Venetian Room

9:00—**Rubella Arthritis**—Philip R. Lee, M.D., Palo Alto.

Further observations on a disease of modest severity but frequent recurrence.

9:12—**Familial Nonhemolytic Jaundice with Conjugated Bilirubin**—Bernard J. Haverback, M.D., Los Angeles, and Samuel K. Wirtschafter, M.D., Los Angeles, by invitation.  
 A third variety distinguished by conjugated bilirubin and normal liver biopsy.

9:24—**The Relative Sensitivity of Laboratory Tests in Diagnosis of Iron-Deficiency Anemia with Particular Reference to the Oral Fe<sup>59</sup> Appearance Test**—Gerald Belkin, M.D., U.S. Air Force, by invitation; and Irwin M. Weinstein, M.D., Los Angeles.  
 A particularly sensitive index of blood loss anemias.

9:36—**The Temperature of Venous Blood in the Extremities and Its Influence on the Blood Clotting Mechanism**—Edward Rubenstein, M.D., and Arthur Lack, M.D., San Mateo.  
 Experimental evidence that lowered temperature may account for some peripheral emboli.

9:48—**Determination of Cardiac Output with Radioactive Iodinated Human Serum Albumin—Clinical Value**—Donald V. Mahony, M.D., Fullerton; Balakrishna Hegde, M.D., by invitation, and Franz K. Bauer, M.D., Los Angeles.

A relatively simple procedure appropriate for use on the severely ill.

10:00—**Pitfalls in the Diagnosis and Management of Thyroid Disease**—Albert Segaloff, M.D., New Orleans, by invitation.

Dr. Segaloff is the Director of Endocrine Research, Alton Ochsner Medical Foundation in New Orleans, Louisiana.

10:30—**Business Meeting.**

10:36—**Chairman's Address: Renal Damage Caused by Penicillin in Subacute Bacterial Endocarditis—Its Recognition and Treatment**—Edward Shapiro, M.D., Beverly Hills.

Two instructive cases—eosinophilia, if present, is a diagnostic clue.

10:48—**Pyrogen Provocative Test in the Diagnosis of Pyelonephritis**—Yale J. Katz, M.D., by invitation, Los Angeles; George N. Herron, M.D., Los Angeles, by invitation; Robert I. Boyd, M.D., Pasadena; and Dixon Young, M.D., Los Angeles, by invitation.

Increase in pyuria after pyrogen injection may unmask latent disease.

11:00—**Studies of Growth Hormone Control of Fat and Carbohydrate Metabolism in Humans**—Josiah Brown, M.D., Los Angeles, by invitation.

Hormone augments the utilization of fatty acids for energy.

11:12—**Alpha Particle Irradiation of the Pituitary in Acromegals**—Richard Carlson, M.D., Berkeley, by invitation; and Francesco Sangalli, M.D., Oakland.

Cyclotron exposure is of benefit in previously untreated patients.

- 11:24—**Tracheotomy for Acute Pulmonary Insufficiency Complicating Chronic Pulmonary Emphysema**—Lailee Backhtiar Tecimer, M.D., by invitation, and Morton Lee Pearce, M.D., Los Angeles.

A procedure of life-saving potential in the failing patient.

- 11:36—**Idiopathic Pulmonary Hemosiderosis—Report of Two Cases**—Maurice Yettra, M.D., Herman

Weiner, M.D., and Erwin D. Goldenberg, M.D., Los Angeles.

Details of a rare but important clinical syndrome.

- 11:48—**The Chloride Content of the Cerebrospinal Fluid**—Hyman W. Gierson, M.D., Los Angeles; and G. J. Owens, M.D., Milwaukee, Wisconsin, by invitation.

Reduced levels most evident in tuberculous or fungal meningitis.

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## QUALIFICATIONS/REQUIREMENTS FOR REGISTRATION

(a) All M.D.'s with credentials showing that they hold valid license to practice medicine. (Membership card in C.M.A.; county medical society/association or A.M.A. membership card.)

(b) Medical students will be admitted upon presentation of credentials from their medical schools identifying them as medical students. (A membership card of the Student American Medical Association or letter from their dean's office.)

(c) Medical secretaries will be admitted upon presentation of a letter from the physician employer.

(d) Pharmacist mates and other military personnel of a like grade will be admitted upon presentation of a letter requesting their admittance, written by their commanding officer.

(e) Dentists (D.D.S.), doctors of veterinary medicine (D.V.M.), registered nurses (R.N.), student nurses, x-ray technicians, laboratory technicians, dietitians, allied public health personnel, and others will be admitted provided they have proper identification.

(f) *All questions on admission will be passed upon by a member of the Committee on Registration who will be present at the desk.*

## GENERAL SURGERY

Chairman.....William F. Pollock, M.D., Santa Monica  
Secretary.....Philip R. Westdahl, M.D., San Francisco  
Assistant Secretary.....William P. Mikkelsen, M.D., Los Angeles



WILLIAM F. POLLOCK  
Chairman



PHILIP R. WESTDAHL  
Secretary

### SUNDAY, FEBRUARY 21

9:00—Colonial Room

- 9:00—**Treatment of Thrombophlebitis**—Howard B. Kirtland, Jr., M.D.; Roland G. Brown, M.D., San Diego; and Richard T. McDonald, M.D., by invitation, San Diego.
- 9:15—**Postpartum Phlebectomy**—Edward N. Snyder, Jr., M.D., and Martin H. Crumrine, M.D., Pasadena.
- 9:30—**Surgical Aspects of the Adrenals**—Victor Richards, M.D., San Francisco.
- 9:45—**Salivary Gland Tumors**—James T. Helsper, M.D., and George S. Sharp, M.D., Pasadena.
- 10:00—**Nontoxic Nodular Goiter and Thyroid Therapy—Evolution of the Responsibilities of the Surgeon**—Oliver Cope, M.D., Boston, by invitation.
- 10:30—**Some Polyps I Have Known**—Lauren V. Ackerman, M.D., St. Louis, by invitation.
- 11:00—**Surgical Treatment of Malignant Melanoma**—Arthur G. Michels, M.D., Los Angeles.
- 11:15—**Present Status of the Prevention and Treatment of Intestinal Adhesions**—John E. Conolly, M.D., San Francisco, and John W. Smith, M.D., by invitation, San Francisco.
- 11:30—**The Significance of Elevated Serum Amylase Levels in Peptic Gastroduodenal Perforation**—Frank A. Rogers, M.D., Whittier.

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## PRESIDENTS' DINNER DANCE

SUNDAY, FEBRUARY 21

Cocoanut Grove, Ambassador Hotel, 8:00 p.m.

*Formal dress optional*

Tickets will be on sale in the Main Lobby

## GENERAL PRACTICE

Chairman.....James S. Eley, M.D., Eureka  
 Secretary.....Floyd K. Anderson, M.D., Los Angeles  
 Assistant Secretary.....A. J. Franzi, M.D., San Francisco



JAMES S. ELEY  
Chairman



FLOYD K. ANDERSON  
Secretary

The Section on General Practice will not conduct a scientific program in order not to conflict with the Postgraduate Courses, the General Meetings and the Joint Meeting of the Sections on General Practice, Obstetrics and Gynecology, Pediatrics and Public Health, which this section helped to arrange.

### SUNDAY, MONDAY and TUESDAY MORNINGS FEBRUARY 21 to 23

Postgraduate Course in Endocrinology  
 University of Southern California School of Medicine  
 Co-sponsored by Section on General Practice

**Sunday**—Los Angeles County General Hospital  
 Buses will be provided and leave from Wilshire entrance, Ambassador Hotel, at 8:00 a.m.

9:00 a.m.-12:30 p.m.—Clinical Case Demonstrations of Various Endocrine Abnormalities

**Monday**—Regency Room, Ambassador Hotel  
 9:00 a.m.-Noon—Menstrual Irregularities. Thyroid Diseases.

**Tuesday**—Regency Room, Ambassador Hotel  
 9:00 a.m.-Noon—Endocrine Problems Common to Both Sexes.

For Curriculum, see pages 34 to 37.

12:00—Business Meeting and Election of Officers, Section on General Practice.

#### SUNDAY, FEBRUARY 21

2:00—Embassy Room

#### General Meeting

Symposium on Parathyroid Diseases  
 For program, see page 10.

#### MONDAY, FEBRUARY 22

2:00—Embassy Room

#### General Meeting

Symposium on Management of Advanced Malignant Disease  
 For program, see page 10.

### TUESDAY, FEBRUARY 23

Noon—Regency Room

12:00—Business Meeting and Election of Officers.

### TUESDAY, FEBRUARY 23

2:00—Embassy Room

2:00—**General Meeting and Clinical-Pathological Conference**

For program and case histories, see pages 11 to 13.

### WEDNESDAY, FEBRUARY 24

2:00—West Venetian Room

Joint Meeting with Sections on Obstetrics and Gynecology, Pediatrics and Public Health

### Symposium on Maternal and Perinatal Mortality

Moderator: James W. Ravenscroft, M.D., San Diego  
*Chairman, C.M.A. Committee on Maternal and Child Care*

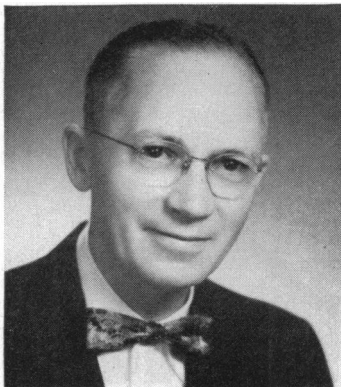
1. Explanation of California State Department of Public Health Policies and Procedures including Assembly Bill No. 595 Relative to Investigative Studies—Theodore Montgomery, M.D., California State Department of Public Health, Berkeley.

2. Two Maternal Mortalities—A Panel Discussion.  
 Moderator: William Benbow Thompson, M.D., Los Angeles

3. Two Perinatal Mortalities—A Panel Discussion.  
 Moderator: Robert F. Chinnock, M.D., Los Angeles

## ALLERGY

Chairman.....George F. Harsh, M.D., San Diego  
 Secretary.....Hyman Miller, M.D., Beverly Hills  
 Assistant Secretary.....Gardner S. Stout, M.D., San Mateo



GEORGE F. HARSH  
Chairman



HYMAN MILLER  
Secretary

### SUNDAY, FEBRUARY 21

9:00—Oval Room A

9:00—ACTH—Useful in Therapy?—Milan L. Brandon, M.D., San Diego, by invitation.  
Discussion.

9:20—Therapeutic Tests in Allergy—Their Feasibility and Limitations—Milton M. Hartman, M.D., San Francisco.  
Discussion.

9:40—The Agar Plate Method in the Determination of Drug Sensitivity—Van V. Chambers, M.D., Palo Alto.  
Discussion.

10:00—Nonreaginic Allergy—A Realistic Appraisal of Coca's Concept of Idioblastosis—Granville F. Knight, M.D., Santa Barbara.  
Discussion.

10:20—Recess.

10:30—Hand Dermatitis Due to Food or Pollen Allergy—E. James Young, M.D., and Albert H. Rowe, M.D., Oakland.  
Discussion.

10:50—Incidence of Sensitivity to Insect Protein Among Allergic and Nonallergic Individuals in an Urban Population—Walter R. MacLaren, M.D., Pasadena; D. Edward Frank,

M.D., Sun Valley; and Ben C. Eisenberg, M.D., Huntington Park.

Discussion.

11:10—The Significance of Infection in the Diagnosis and Management of Allergic Disease—Ralph Bookman, M.D., Beverly Hills; and Richard S. Shapiro, M.D., by invitation, Beverly Hills.  
Discussion.

11:30—Chairman's Address: Liver Function Tests and Serum Vitamin C Levels in Acute and Chronic Urticaria and in Other Allergies—George F. Harsh, M.D., San Diego.

12:00—Recess.

12:30—Oval Room A

12:30—Luncheon and Business Meeting—Sponsored jointly by the Section on Allergy and the California Society of Allergy.

7:00—Lido Room

7:00—Reception before Presidents' Dinner Dance at 8 p.m. in Cocoanut Grove. Reception sponsored jointly by the Section on Allergy and the California Society of Allergy.

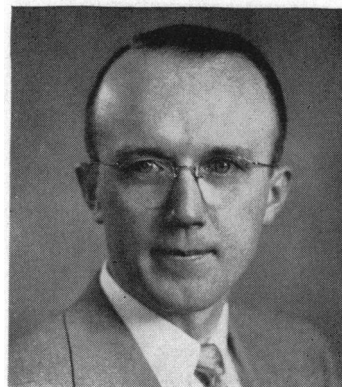
### VISIT SCIENTIFIC AND TECHNICAL EXHIBITS

## ANESTHESIOLOGY

Chairman.....Charles D. Anderson, M.D., Oakland  
Secretary.....Roger W. Ridley, M.D., Riverside  
Assistant Secretary.....Gilbert E. Kinyon, M.D., La Jolla



CHARLES D. ANDERSON  
Chairman



ROGER W. RIDLEY  
Secretary

### WEDNESDAY, FEBRUARY 24

2:00—Regency Room

- 2:00—**Clinical Experience with Fluo-ether Anesthesia**—Robert W. Bethune, M.D., Los Angeles, by invitation; and Henry V. Upholt, Jr., M.D., Gardena.

This azeotrope has been in use for over a year. The complications of hypotension and bradycardia are less frequent and less profound than those occurring with Fluothane. Also fluo-ether appears to provide adequate anesthesia.

Discussion.

- 2:30—**Hepatotoxic Effects of Fluothane**—Paul H. Lorhan, M.D., Torrance, by invitation.

Methods of measuring the hepatic effect of Fluothane are presented. The results of these measurements are discussed.

Discussion.

- 3:00—**Qualifications of an Anesthesiologist for Group Practice**—Gilbert Kinyon, M.D., San Diego.

The advantages and disadvantages of practicing anesthesiology in a group are discussed. To be successful in group practice, an anesthesiologist must prepare himself to meet the requirements and problems of this type of practice.

Discussion.

- 3:40—**Cardiac Arrest Outside the Operating Room**—Donald C. Schlotter, M.D., and Richard W. Gentry, M.D., Riverside.

Cardiac arrest occurred in two patients after they were admitted to the emergency room. The presence of adequate facilities and personnel made possible the resuscitation of both patients without demonstrable cerebral sequelae.

Discussion.

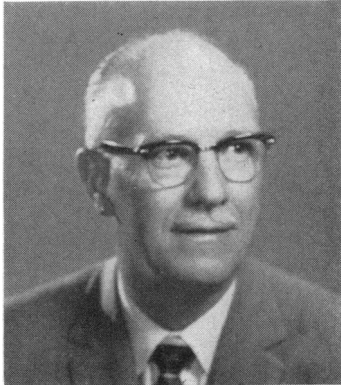
- 4:10—**Business Meeting and Election of Officers.**

- 4:45—**Annual Meeting of the California Society of Anesthesiologists.**

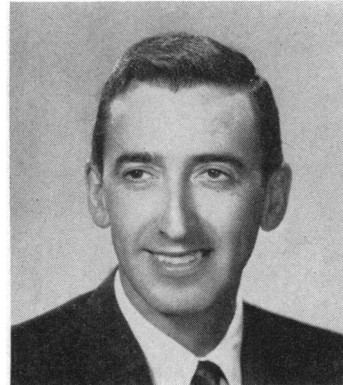
BRING PROPER IDENTIFICATION FOR REGISTRATION

## DERMATOLOGY AND SYPHILOLOGY

Chairman.....Anker K. Jensen, M.D., Los Angeles  
 Secretary.....Edward L. Laden, M.D., Inglewood  
 Assistant Secretary.....Paul M. Crossland, M.D., Santa Rosa



ANKER K. JENSEN  
Chairman



EDWARD L. LADEN  
Secretary

### SUNDAY, FEBRUARY 21

9:00—Grove Lounge

9:00—Chairman's Address: A Practical Approach  
for the Office Treatment of Skin Cancer—  
Anker K. Jensen, M.D., Los Angeles.

9:20—The Treatment of Onychomycosis of the Feet  
with Griseofulvin—Ronald M. Reisner, M.D.,  
by invitation; Richard S. Homer, M.D., Vic-  
tor D. Newcomer, M.D., and Thomas H.  
Sternberg, M.D., Los Angeles.

9:40—Steroids in Dermatology—Robert G. Walton,  
M.D., Modesto.

10:00—Eosinophilic Granuloma of the Skin, Bone  
and Mucous Membrane—Francis J. Sullivan,  
M.D., by invitation; and John H. Epstein,  
M.D., San Francisco.

10:20—The Electron Beam in the Treatment of My-  
cosis Fungoides—Harold M. Schneidman,  
M.D., San Francisco.

10:40—Recess.

11:00—**Symposium**

#### Psychocutaneous Medicine

Moderator: Maximilian E. Obermayer, M.D.,  
Los Angeles

11:00—Psychophysiology of the Skin—Edward J.  
Stainbrook, M.D., Los Angeles.

11:20—Self-Inflicted Lesions—Maximilian E. Ober-  
mayer, M.D., Los Angeles.

11:40—Discussion—Maximilian E. Obermayer, M.D.,  
Los Angeles, Moderator.

11:50—Business Meeting and Election of Officers.

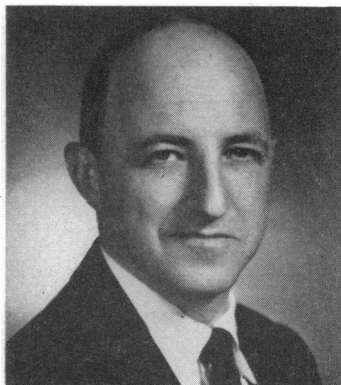
## REGISTRATION

Registration and information desks are located in the Ballroom Foyer,  
Casino Floor. *All members, guests, and visitors are requested to register  
immediately on arrival.* There is no charge for registration except for Post-  
graduate Courses. Registration desks are open Saturday through Wednes-  
day. *Admission to the general and section sessions and exhibit areas is by  
badge only.*

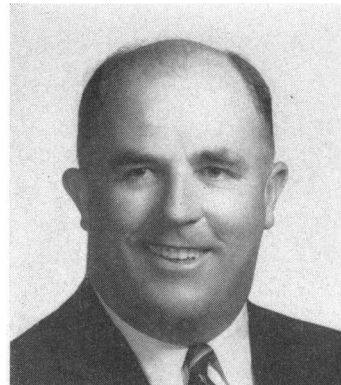


## EAR, NOSE AND THROAT

Chairman.....Ewing Seligman, M.D., Beverly Hills  
Secretary.....Heinrich W. Kohlmoos, M.D., Oakland  
Assistant Secretary.....Marvin W. Simmons, M.D., Fresno



EWING SELIGMAN  
Chairman



HEINRICH W. KOHLMOOS  
Secretary

### MONDAY, FEBRUARY 22

9:00—Grove Lounge

- |   |  |
|---|--|
| 9:00— <b>The Diagnosis of Deafness in the Pre-School Child</b> —George W. Olson, M.D., Fresno.<br>Discussion. | 10:30— <b>Tracheotomy in the Newborn</b> —Chester M. Weseman, M.D., Berkeley.<br>Discussion.   |
| 9:30— <b>Intravenous Fluids in Tonsillectomy</b> —Fordyce Johnson, M.D., Pasadena.<br>Discussion.             | 11:00— <b>Fatal Epistaxis</b> —Francis Berchmans Quinn, Jr., M.D., Los Angeles.<br>Discussion. |
| 10:00— <b>Tympanoplasty</b> —George T. Hodges, M.D., Newport Beach.<br>Discussion.                            | 11:30— <b>The Dry Nose and Postnasal Drip</b> —William Baxter, M.D., Los Altos.<br>Discussion. |
|   | 12:00— <b>Business Meeting and Election of Officers.</b>                                       |

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## PRESIDENTS' DINNER DANCE

SUNDAY, FEBRUARY 21

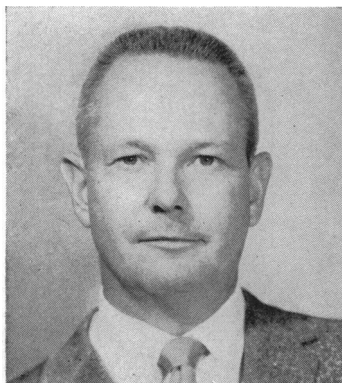
Cocoanut Grove, Ambassador Hotel, 8:00 p.m.

*Formal dress optional*

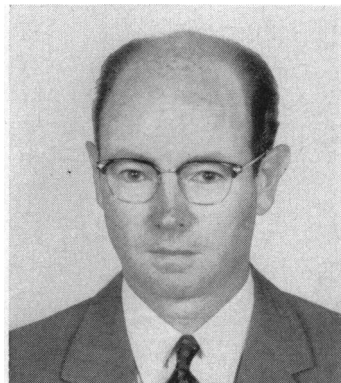
Tickets will be on sale in the Main Lobby

## EYE

Chairman.....A. Ray Irvine, M.D., Los Angeles  
Secretary.....Earle H. McBain, M.D., San Rafael  
Assistant Secretary.....Floyd M. Bond, M.D., San Diego



A. RAY IRVINE  
Chairman



EARLE H. MCBAIN  
Secretary

### MONDAY, FEBRUARY 22

2:00—Regency Room

2:00—**The Ophthalmologist's Role in Contact Lens Prescription**—Richard A. Westsmith, M.D., San Mateo.  
Discussion.

2:30—**Recent Technical Advances in Contact Lenses**—James F. Kleckner, M.D., Los Angeles.  
Discussion.

3:00—**Contact Lenses in Unusual Cases**—J. Myron Middleton, M.D., Beverly Hills.  
Discussion.

3:30—**Sensory Deprivation on an Eye Service: Its Significance and Management**—William J. Filante, M.D., Los Angeles; Jack L. Goldberg, M.D., and Harold W. Jones, M.D., Los Angeles, by invitation; and Eugene Ziskind, M.D., Los Angeles.  
Discussion.

4:00—**Business Meeting and Election of Officers.**

6:00—**Business Meeting and Election of Officers.**

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### EMERGENCY CALLS AND MESSAGES

Each physician should notify his own secretary regarding the exact section he plans to attend and the time of his attendance. It is up to the individual physician to keep his own office staff so informed. The Association will *attempt* to transmit messages to the individual physician.

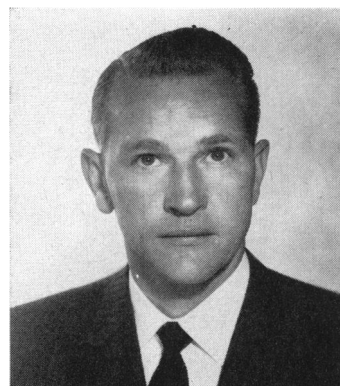
In case of emergency, when the doctor cannot be located, the call will be referred to Emergency Call Service of the Los Angeles County Medical Association, HUBBARD 3-1581.

## INDUSTRIAL MEDICINE AND SURGERY

Chairman.....Gandolph A. Prisinzano, M.D., Sacramento  
Secretary.....Robert C. Rossberg, M.D., Los Angeles  
Assistant Secretary....John H. Leimbach, Jr., M.D., San Francisco



GANDOLPH A. PRISINZANO  
Chairman



ROBERT C. ROSSBERG  
Secretary

### SUNDAY, FEBRUARY 21

9:00—Lido Room

9:00—Suggestions for Decreasing the Malpractice Potential of Industrial Practice—Henry Kappler, Attorney at Law, Los Angeles, by invitation.

Discussion.

9:25—Industrial Visual Screening—Advantages and Disadvantages of Various Instruments—Byron H. Demorest, M.D., Sacramento, and John A. Berg, M.D., Sacramento.

Discussion.

9:50—Diagnosis and Initial Treatment of Chest Injuries—R. Reed Austin, M.D., Los Angeles.

Discussion.

10:15—Basic Radiological Procedures and Interpretation of the Initial Industrial Bone Injuries—Samuel Finck, M.D., Los Angeles.

Discussion.

10:40—Recess.

10:50—Diagnosis and Initial Treatment of the Traumatic Abdomen—W. Castleberry Custer, M.D., Los Angeles.

Discussion.

11:15—Twisted Omentum Resembling Acute Abdomen of Industrial Origin—Reuben Weingarten, M.D., Los Angeles.

Discussion.

11:40—Plastic Surgery Problems Applied to Industrial Medicine—Salvador Castanares, M.D., Los Angeles.

Discussion.

12:00—Business Meeting.

### SUNDAY, FEBRUARY 21

2:00—Lido Room

Joint Meeting with the Section on Physical Medicine

Chairman: Gandolph A. Prisinzano, M.D., Sacramento

#### Panel Discussion

Diagnosis and Treatment of Soft Tissue Injuries of the Knee, Ankle, and Foot

Moderator: Willis Jacobus, M.D., Los Angeles

2:00—Review of Anatomy of the Knee, Ankle and Foot—Charles O. Bechtol, M.D., Los Angeles.

2:20—Soft Tissue Injuries of the Knee—A. A. Mason, M.D., Los Angeles.

2:40—Soft Tissue Injuries of the Ankle and Foot—Christopher Mason, M.D., Los Angeles.

3:00—Physical Medicine Treatment Techniques for Injuries of the Knee, Ankle, and Foot—David Rubin, M.D., Los Angeles.

3:20—Round Table Discussion.

VISIT SCIENTIFIC AND TECHNICAL EXHIBITS

## OBSTETRICS AND GYNECOLOGY

Chairman.....Donald R. Nelson, M.D., San Francisco  
Secretary.....John C. McDermott, M.D., Los Angeles  
Assistant Secretary.....Edward F. Healey, M.D., San Rafael



DONALD R. NELSON  
Chairman



JOHN C. McDERMOTT  
Secretary

### MONDAY, FEBRUARY 22

9:00—West Venetian Room

- 9:00—Sexual Problems Presented to the Gynecologist—Robert H. Fagan, M.D., Los Angeles.
- 9:30—Vaginal Anatomy Studies with Gel Molds—Kenneth F. Morgan, Jr., M.D., Los Angeles.
- 10:00—Backache in Pregnancy—Robert M. Jameson, M.D., San Francisco.
- 10:30—Recess.
- 10:45—Cancer and Pregnancy—J. R. Betson, Jr., M.D., by invitation, Albuquerque, New Mexico.
- 11:15—Chairman's Address—Donald R. Nelson, M.D., San Francisco.
- 11:45—Business Meeting.

### WEDNESDAY, FEBRUARY 24

2:00—West Venetian Room

Joint Meeting with the Sections on General Practice, Pediatrics and Public Health

#### Symposium

##### Maternal and Perinatal Mortality

Moderator: James W. Ravenscroft, M.D., San Diego  
*Chairman, C.M.A. Committee on Maternal and Child Care*

1. Explanation of California State Department of Public Health Policies and Procedures Including Assembly Bill No. 595 Relative to Investigative Studies—Theodore Montgomery, M.D., California State Department of Public Health, Berkeley.
2. Two Maternal Mortalities—A Panel Discussion.  
Moderator: William Benbow Thompson, M.D., Los Angeles
3. Two Perinatal Mortalities—A Panel Discussion.  
Moderator: Robert F. Chinnock, M.D., Los Angeles

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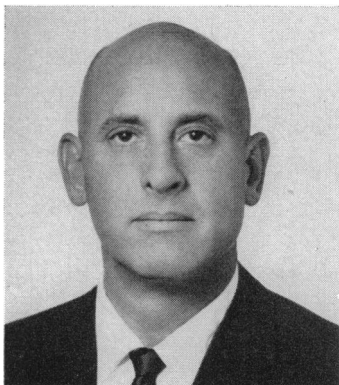
## EMERGENCY CALLS AND MESSAGES

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## ORTHOPEDICS

Chairman.....Howard A. Mendelsohn, M.D., Beverly Hills  
Secretary.....Carl E. Horn, M.D., Sacramento  
Assistant Secretary.....Bret W. Smart, M.D., Oakland



HOWARD A. MENDELSON  
Chairman



CARL E. HORN  
Secretary

### SUNDAY, FEBRUARY 21

9:00—Regency Room

9:00—**Fracture Separation of the Lower Humeral Epiphysis**—Leonard Marmor, M.D., and Charles O. Bechtol, M.D., Los Angeles.  
Discussion: Four minutes.

9:30—**The Surgical Treatment of Tri-Malleolar Fractures of the Ankle**—Alonzo J. Neufeld, M.D., Los Angeles.  
Discussion: Four minutes.

10:00—**Unusual Manifestation of Primary Osteomyelitis in Children**—Robert A. Horstman, M.D., Los Angeles.  
Discussion: Four minutes.

10:30—Intermission.

10:40—**Painful Feet**—Robert P. Watkins, M.D., San Francisco.  
Discussion: Four minutes.

11:10—**Medical Problems in the Amputee**—Verne T. Inman, M.D., San Francisco.  
Discussion: Four minutes.

11:40—**Chairman's Address**—Howard A. Mendelsohn, M.D., Los Angeles.

12:10—Recess.

12:30—Regency Room

12:30—Luncheon.

1:00—Business Meeting and Election of Officers.

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## PRESIDENTS' DINNER DANCE

SUNDAY, FEBRUARY 21

Cocoanut Grove, Ambassador Hotel, 8:00 p.m.

*Formal dress optional*

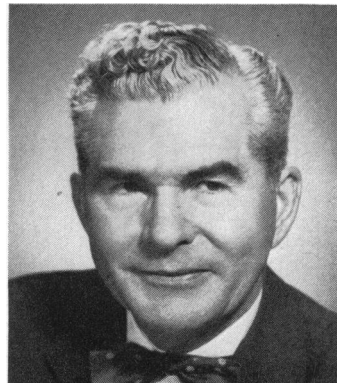
Tickets will be on sale in the Main Lobby

## **PATHOLOGY AND BACTERIOLOGY**

Chairman.....Leo Kaplan, M.D., Los Angeles  
Secretary.....Robert L. Dennis, M.D., San Jose  
Assistant Secretary.....George J. Hummer, M.D., Santa Monica



LEO KAPLAN  
Chairman



ROBERT L. DENNIS  
Secretary

### **SUNDAY, FEBRUARY 21**

9:00—East Venetian Room

This program will emphasize  
**Pediatric Pathology**

- 9:00—**Electron Microscopic Studies of Renal Pathology**—Harrison Latta, M.D., Los Angeles, by invitation.
- 9:25—**Studies on the Pathogenicity of Group A Hemolytic Streptococci**—Wm. Barry Wood, Jr., M.D., Baltimore, by invitation.
- 9:55—**Atresia and Stenosis of the Intestine in the Newborn Associated with Fibrocystic Disease of the Pancreas**—Robert S. Cleland, M.D., Los Angeles.
- 10:15—**Idiopathic Pulmonary Hemosiderosis**—John Powers, M.D., by invitation, and Jackson T. Crane, M.D., San Francisco; and Denman Hammond, M.D., Los Angeles, by invitation.

10:35—**Recess.**

10:45—**Uses and Abuses of Corticosteroids in Children**—Albert Segaloff, M.D., New Orleans, by invitation.

11:15—**The Anatomy of Leukemia**—Daniel Stowens, M.D., Los Angeles.

11:35—**Cytomegalic Cell Disease of Liver**—Hugh A. Edmondson, M.D., Los Angeles.

11:55—**Chairman's Address: Diagnostic Cytopathology of the Uterine Cervix, Using Acridine-Orange Fluorochrome: A Study of 4,000 Patients**—Leo Kaplan, M.D., Los Angeles; Marianna Masin, M.D., by invitation; and Francis Masin, M.D., by invitation, Los Angeles.

12:30—**Business Meeting.**

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## **PRESIDENTS' DINNER DANCE**

**SUNDAY, FEBRUARY 21**

Cocoanut Grove, Ambassador Hotel, 8:00 p.m.

*Formal dress optional*

Tickets will be on sale in the Main Lobby

## PEDIATRICS

Chairman . . . . . Gordon L. Richardson, M.D., North Hollywood  
 Secretary . . . . . James L. Dennis, M.D., Oakland  
 Assistant Secretary . . . . . Harry O. Ryan, M.D., Pasadena



GORDON L. RICHARDSON  
 Chairman



JAMES L. DENNIS  
 Secretary

### SUNDAY, FEBRUARY 21

9:00—East Venetian Room

#### Pediatric Pathology

The Section on Pathology and Bacteriology has arranged a meeting emphasizing Pediatric Pathology. For program, see page 26.

### WEDNESDAY, FEBRUARY 24

9:00—West Venetian Room

- 9:00—Head Injuries in Children—Robert Pudenz, M.D., Pasadena.
- 9:30—The Electroencephalogram — Its Indications and Limitations—Merl Carson, M.D., Los Angeles.
- 10:00—Cerebral Palsy—Early Diagnosis and Treatment—Margaret Jones, M.D., Los Angeles.
- 10:30—Recess.
- 10:45—The Child Who Does Not Talk—Edward Senz, M.D., Berkeley.
- 11:15—Rehabilitation of the Neurologically Handicapped Child—Gordon Williams, M.D., Palo Alto.
- 11:45—Business Meeting.

### WEDNESDAY, FEBRUARY 24

2:00—West Venetian Room

Joint Meeting with the Sections on General Practice, Obstetrics and Gynecology, and Public Health

#### Symposium

##### Maternal and Perinatal Mortality

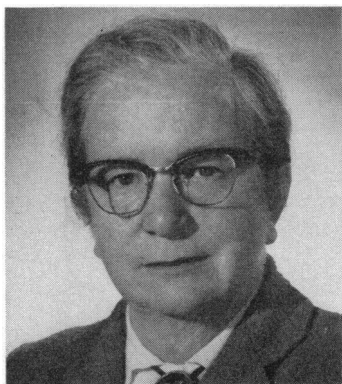
Moderator: James W. Ravenscroft, M.D., San Diego  
*Chairman, C.M.A. Committee on Maternal and Child Care*

1. Explanation of California State Department of Public Health Policies and Procedures Including Assembly Bill No. 595 Relative to Investigative Studies—Theodore Montgomery, M.D., California State Department of Public Health, Berkeley.
2. Two Maternal Mortalities—A Panel Discussion.  
 Moderator: William Benbow Thompson, M.D., Los Angeles
3. Two Perinatal Mortalities—A Panel Discussion.  
 Moderator: Robert F. Chinnock, M.D., Los Angeles

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## PHYSICAL MEDICINE

Chairman.....Carrie E. Chapman, M.D., Oakland  
Secretary.....Joseph E. Maschmeyer, M.D., Los Angeles  
Assistant Secretary.....S. Malvern Dorinson, M.D., San Francisco



CARRIE E. CHAPMAN  
Chairman



JOSEPH E. MASCHMEYER  
Secretary

### SUNDAY, FEBRUARY 21

2:00—Lido Room

Joint Meeting with the Section on Industrial Medicine  
and Surgery

Chairman: Gandolph A. Prisinzano, M.D.  
Sacramento

#### Panel Discussion

Diagnosis and Treatment of Soft Tissue Injuries  
of the Knee, Ankle and Foot

Moderator: Willis Jacobus, M.D., Los Angeles

2:00—Review of Anatomy of the Knee, Ankle and  
Foot—Charles O. Bechtol, M.D., Los Angeles.

2:20—Soft Tissue Injuries of the Knee—A. A. Ma-  
son, M.D., Los Angeles.

2:40—Soft Tissue Injuries of the Ankle and Foot—  
Christopher Mason, M.D., Los Angeles.

3:00—Physical Medicine Treatment Techniques for  
Injuries of the Knee, Ankle and Foot—David  
Rubin, M.D., Los Angeles.

3:20—Round Table Discussion.

### MONDAY, FEBRUARY 22

9:00—Lido Room

9:00—Introduction—Carrie E. Chapman, M.D., Oak-  
land, Chairman.

9:10— **Panel Discussion**

Present Day Management of Rheumatoid Arthritis

9:10—Current Therapy and Medical Management of  
the Patient with Rheumatoid Arthritis—Al-  
bert J. Josselson, M.D., Alhambra.

9:35—Present Day Physical Therapy for the Rheu-  
matoid Arthritis Patient—Frances Baker,  
M.D., San Mateo.

9:50—Present Day Occupational Therapy for the  
Rheumatoid Arthritis Patient—Elizabeth S.  
Austin, M.D., Los Angeles.

10:05—Recent Developments in Surgery and Or-  
thotics for the Rheumatoid Arthritis Patient  
—Vernon L. Nickel, M.D., Los Angeles;  
Alice L. Garrett, M.D., Downey, by invita-  
tion.

10:25—Round Table Discussion and Question Period.  
Moderator: Fred B. Moor, M.D., Los Angeles

11:00—Business Meeting and Election of Officers.

## VISIT SCIENTIFIC AND TECHNICAL EXHIBITS



## PSYCHIATRY AND NEUROLOGY

Chairman.....John D. Moriarty, M.D., Los Angeles  
 Secretary.....Leon J. Whitsell, M.D., San Francisco  
 Assistant Secretary.....Robert E. Wyers, M.D., Norwalk



JOHN D. MORIARTY  
Chairman



LEON J. WHITSELL  
Secretary

### WEDNESDAY, FEBRUARY 24

9:00—Regency Room  
Neurology

- 9:00—Clinical Manifestations on Basal Artery Insufficiency—William W. Anderson, M.D., San Francisco.  
Discussion.
- 9:30—Vertigo as a Presenting Complaint: An Analysis of 400 Consecutive Cases—Donald Macrae, M.D., San Francisco.  
Discussion.
- 10:00—Muscle Spindle Activity in Parkinsonism—William W. Hofmann, M.D., Palo Alto, by invitation.  
Discussion.
- 10:15—Occlusion of the Middle Cerebral Artery in Children—Burton L. Wise, M.D., San Francisco.  
Discussion.
- 10:45—The Medical-Educational Evaluation of the Language-Handicapped Child—William J. Wedell, M.D., San Francisco.  
Discussion.
- 11:15—Further Studies of Electroencephalographic Changes and Other Neurophysical Changes in Altitude Chamber Experiments—George N. Thompson, M.D., Los Angeles.  
Discussion.
- 11:45—Business Meeting.

### WEDNESDAY, FEBRUARY 24

2:00—East Venetian Room  
Psychiatry

- 2:00—Teaching Psychiatry to General Practitioners—Allen J. Enelow, M.D., Los Angeles.  
Discussant: Richard H. Gwartney, M.D., San Bernardino.

- 2:25—Chairman's Address: Problems in Communication for the Psychiatrist—John D. Moriarty, M.D., Los Angeles.

- 2:50—Impressions of Soviet Psychiatry—George J. Wayne, M.D., Los Angeles.  
Discussant: Eugene Ziskind, M.D., Los Angeles.

- 3:20—An Evaluation of the Effectiveness of Isocarboxazid, a New Iproniazid Analogue (Marplan) in Depressive Syndrome—Theodore Rothman, M.D., Beverly Hills; Harry M. Grayson, Ph.D., by invitation; and James T. Ferguson, M.D., Los Angeles.  
Discussant: Keith S. Ditman, M.D., Los Angeles.

- 3:45—Wanted: A Biochemical Test for Schizophrenia—Ronald R. Koegler, M.D., Los Angeles; Edward G. Colbert, M.D., Los Angeles; and Samuel Eiduson, Ph.D., by invitation, Los Angeles.  
Discussant: Allen J. Enelow, M.D., Los Angeles.

- 4:10—Precipitating Cause of Hospitalization of the Geriatric State Hospital Inpatient—Daniel A. Grabski, M.D., Norwalk.  
Discussant: O. L. Gericke, M.D., San Bernardino.

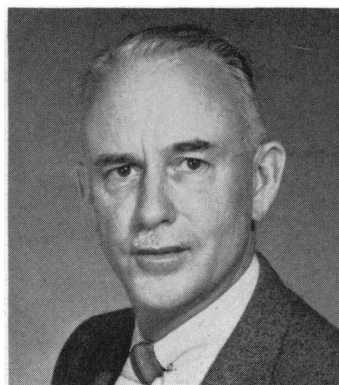
- 4:30—Follow-up Study of Epileptics Who Receive Group Psychotherapy—Charles Yeager, M.D., Donald A. Shaskan, M.D., by invitation; and Francis J. Rigney, M.D., San Francisco.  
Discussant: Esther Somerfeld - Ziskind, M.D., Los Angeles.

## PUBLIC HEALTH

Chairman.....Carolyn B. Albrecht, M.D., San Rafael  
 Secretary.....Merle E. Cosand, M.D., San Bernardino  
 Assistant Secretary.....Ellis D. Sox, M.D., San Francisco



CAROLYN B. ALBRECHT  
 Chairman



MERLE E. COSAND  
 Secretary

### WEDNESDAY, FEBRUARY 24

9:00—East Venetian Room

9:00—A Program for the Stimulation of Research  
 in Local Health Agencies—Robert Dyar, M.D.,  
 Berkeley.

Discussion.

9:30—Control of Antibiotic Resistant Hospital In-  
 fections—Edward Lee Russell, M.D., Santa  
 Ana.

Discussion.

10:00—Recess.

10:15—The Practicing Physician and Public Health  
 Agencies' Responsibility in Venereal Disease  
 —Richard A. Koch, M.D., San Francisco.

Discussion.

10:45—Viral Central Nervous System Disease—Ed-  
 win H. Lennette, M.D.; Robert L. Magoffin,  
 M.D., by invitation; Nathalie J. Schmidt,  
 Ph.D., by invitation; and Arthur C. Hollis-  
 ter, Jr., M.D., Berkeley.

Discussion.

11:45—Business Meeting.

### WEDNESDAY, FEBRUARY 24

2:00—West Venetian Room

Joint Meeting with the Sections on General Practice,  
 Obstetrics and Gynecology, and Pediatrics

### Symposium

#### Maternal and Perinatal Mortality

Moderator: James W. Ravenscroft, M.D., San Diego  
*Chairman, C.M.A. Committee on Maternal and Child Care*

1. Explanation of California State Department of  
 Public Health Policies and Procedures Including  
 Assembly Bill No. 595 Relative to Investigative  
 Studies—Theodore Montgomery, M.D., California  
 State Department of Public Health, Berkeley.

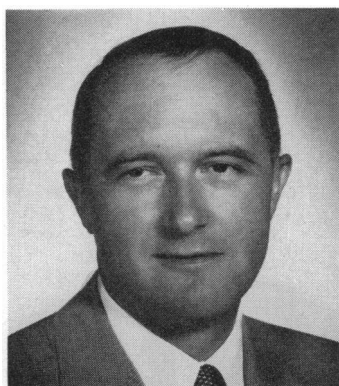
2. Two Maternal Mortalities—A Panel Discussion.  
 Moderator: William Benbow Thompson, M.D.,  
 Los Angeles

3. Two Perinatal Mortalities—A Panel Discussion.  
 Moderator: Robert F. Chinnock, M.D., Los Angeles

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## RADIOLOGY

Chairman.....William H. Graham, M.D., San Jose  
 Secretary.....Frank C. Binkley, M.D., Pasadena  
 Assistant Secretary.....John R. Bryan, M.D., San Francisco



WILLIAM H. GRAHAM  
 Chairman



FRANK C. BINKLEY  
 Secretary

### SUNDAY, FEBRUARY 21

9:00—West Venetian Room

#### Diagnostic Radiology

9:00—Iatrogenic Perforation of the Esophagus—  
 John H. Heald, M.D., San Francisco.  
 Discussion.

9:25—Correlation of Gastroscopic and Radiographic  
 Findings—Walter L. Stilson, M.D., and Erling  
 S. Tobiassen, M.D., Los Angeles.  
 Discussion.

9:50—Radiological Detection and Identification of  
 Coronary Heart Disease—Bernard J.  
 O'Loughlin, M.D., Los Angeles.  
 Discussion.

10:15—Recess.

10:25—Pelvic Pneumography—A Useful Adjunct to  
 Clinical Examination—G. Melvin Stevens,  
 M.D., Richard S. Lee, M.D., and John F.  
 Weigen, M.D., Palo Alto.  
 Discussion.

10:50—Infections of the Intervertebral Disc—Robert  
 B. Engle, M.D., Pasadena.  
 Discussion.

11:15—Roentgenographic Variations of Paget's Dis-  
 ease—Howard L. Steinbach, M.D., San Fran-  
 cisco.  
 Discussion.

11:40—Middle-Lobe Syndrome—Stefan P. Wilk,  
 M.D., Los Angeles.  
 Discussion.

12:05—Business Meeting and Election of Officers.

### SUNDAY, FEBRUARY 21

4:00—West Venetian Room

#### Therapeutic Radiology

4:00—Nonsurgical Treatment of Primary Carci-  
 noma of the Breast in Elderly Women—Rob-  
 ert J. McKenna, M.D., by invitation, and  
 Ian Macdonald, M.D., Los Angeles.  
 Discussion.

4:25—Five-Year Results of Intracavitary Cobalt<sup>60</sup>  
 Therapy in Nasopharyngeal Cancer—Jerome  
 M. Vaeth, M.D., by invitation; and Franz  
 J. Buschke, M.D., San Francisco.  
 Discussion.

4:50—Recess—Annual Meeting of Pacific Roentgen  
 Society.

VISIT SCIENTIFIC AND TECHNICAL EXHIBITS

## UROLOGY

Chairman.....Earl F. Nation, M.D., Pasadena  
 Secretary.....Morrell E. Vecki, M.D., San Francisco  
 Assistant Secretary.....Sam Peck, M.D., San Diego



EARL F. NATION  
Chairman



MORRELL E. VECKI  
Secretary

### WEDNESDAY, FEBRUARY 24

9:00—Grove Lounge

- 9:00—**Management of Penoscrotal Fistula and/or Diverticula**—A. Estin Comarr, M.D., Long Beach.  
 Discussion by Harold G. Kudish, M.D., Beverly Hills.
- 9:30—**A Rare Angiomyolipoma, Simulating Renal Tumor**—Robert T. Plumb, M.D., San Diego, and James P. Felder, M.D., San Diego, by invitation.
- 10:00—**Experience in Bladder Substitutes in Malignancy**—Carl E. Ebert, M.D., Los Angeles.  
 Discussion by B. Lyman Stewart, M.D., Los Angeles.
- 10:30—**Use of the Double Balloon Hemostatic Catheter in Prostatic Surgery**—R. O. Pearman, M.D., San Luis Obispo.  
 Discussion by Miles Griffin, M.D., Oakland.
- 11:00—**Contrast Cystography Following Transurethral Resection of Bladder Tumor**—Henry Bodner, M.D., Van Nuys.  
 Discussion by Roger W. Barnes, M.D., Los Angeles.
- 11:30—**Urological Diagnosis by Cineradiography**—Roderick D. Turner, M.D., Los Angeles.  
 Discussion by Henry Bodner, M.D., Van Nuys.

### WEDNESDAY, FEBRUARY 24

2:00—Grove Lounge

- 2:00—**Torsion of the Testicle in the New-Born**—Norman M. Nelson, M.D., Covina.  
 Discussion by Everett D. Hendricks, M.D., Pasadena.
- 2:30—**Kidney Function Tests in Children**—Chester C. Winter, M.D., Los Angeles.  
 Discussion by Richards P. Lyon, M.D., Berkeley.
- 3:00—**Retropubic Excision of Urethral Diverticulum in a Female**—John A. Arcadi, M.D., Whittier.  
 Discussion by Milo Ellik, M.D., Long Beach.
- 3:30—**Prevention and Management of Recurrent Urinary Calculi**—Julius H. Winer, M.D., Beverly Hills.  
 Discussion by James S. Elliot, M.D., Berkeley.
- 4:00—**Chairman's Address**—Earl F. Nation, Pasadena.
- 4:15—**Business Meeting and Election of Officers.**

VISIT SCIENTIFIC AND TECHNICAL EXHIBITS

# MOTION PICTURE PROGRAM

PAUL D. FOSTER, M.D., Chairman

**Sunday to Wednesday, February 21 to 24**

COLONIAL ROOM, AMBASSADOR HOTEL

Motion Picture Film Symposia will be offered daily in the Colonial Room, Ambassador Hotel. Each Symposium will have a Moderator and Panel of experts in the field (authors in many cases) to discuss films and answer questions from the audience. Following is a partial and tentative list of films which will be shown on the programs. A separate Motion Picture program with complete listing and description of films will be available at the time of the meeting.

**SUNDAY, 2:00 P.M.**

## **Surgery**

Moderator: William P. Longmire, Jr., Los Angeles.

Removal of Left Ventricular Cavity Tumors.

Other films to be announced.

**MONDAY, 9:00 A.M.**

## **Emergencies in Practice**

Moderator: Francis E. West, San Diego.

Panel: Bertrand Meyer and John Dillon, Los Angeles.

Rescue Breathing.

Just 4 Minutes (Team Approach to Cardiac Arrest).

Treatment of Open Fractures.

Cardiac Arrest.

Emergency Surgery of the Acutely Injured.

**MONDAY, 2:00 P.M.**

## **Anesthesiology**

Moderator: Roger W. Ridley, Riverside.

Panel: Forrest Leffingwell and Emma Kittredge (Quinn), Los Angeles.

Premedication in Pediatric Surgery.

Fire and Explosive Hazards from Flammable Anesthetics.

Pediatric Anesthesiology.

Intravenous Anesthesia with Barbiturates.

**MONDAY, 8:00 P.M.**

## **Medical-Legal Symposium**

Moderator: Mr. Frederick Field, Los Angeles.

Panel: Arthur A. Kirchner and Mr. James Ludlam, Los Angeles.

A Matter of Fact—American Medical Association and American Bar Association.

Other films to be announced.

**TUESDAY, 9:00 A.M.**

## **Pediatrics**

Moderator: Ralph Netzley, Pasadena.

Panel: Robert F. Chinnock, Los Angeles; Mary Olney, San Francisco, and Charles M. Stewart, Los Angeles.

Physical Examination of the Newborn.

Congenital Bladder Neck Obstruction.

Duodenal Obstruction in Infancy.

Hernias in Infants and Children.

**TUESDAY, 3:45 P.M.**

## **Diseases and Management of Problems of the Aged**

Moderator: George Griffith, Los Angeles.

Panel: JoAnn Taylor, Glendale; Angus McDonald, Los Angeles, and Frank Norman, Santa Rosa.

Rehabilitation Adds Life to Years.

Cerebral-Vascular Diseases: The Challenge of Management.

**TUESDAY, 8:00 P.M.**

## **Staphylococcus Infection**

Moderator: Wm. Barry Wood, Baltimore, Maryland.

Panel: Lowell A. Rantz, Palo Alto; J. Norman O'Neill and Sister Liguori, Queen of Angels Hospital, Los Angeles.

Staphylococcal Infection in Surgery.

Hospital Sepsis—A Communicable Disease.

Prevention and Control of Staphylococcal Infections.

**WEDNESDAY, 9:00-11:00 A.M.**

## **Symposium on Acute Abdomen**

Symposium to be announced.

**WEDNESDAY, 11:00-12:00**

## **Diagnosis and Treatment of Depressions and the Emotionally Disturbed**

Moderator: Frank F. Tallman, Los Angeles.

Panel: Cyril B. Courville and Edward J. Stainbrook, Los Angeles.

Diagnosis and Treatment of Depressions in General Practice.

Other films to be announced.

**WEDNESDAY, 2:00 P.M.**

## **Diagnostic and Therapeutic Features of Cancer**

Moderator: Justin Stein, Los Angeles.

Panel: Ian Macdonald and Robert Brown, Los Angeles.

Routine Pelvic Examination and Cytologic Method.

Benign and Malignant Tumors of the Larynx.

Combined Abdominoperineal Operation of Miles for Carcinoma of the Lower Rectum.

Exploration of Pancreas for Islet Cell Tumor.

Head and Neck Cancer.

# POSTGRADUATE COURSES

Presented by the California Medical Association in cooperation with the College of Medical Evangelists, the University of California at Los Angeles, and the University of Southern California

**FEE: \$25.00 for each course\***

## ***Out-of-State Faculty—Guests of the California Medical Association:***

**OLIVER COPE, M.D.**, Associate Professor of Surgery, Harvard Medical School, Massachusetts General Hospital, Boston, Massachusetts.

**ALBERT SEGALOFF, M.D.**, Director, Division of Endocrinology, Alton Ochsner Medical Foundation, New Orleans, Louisiana.

**WM. BARRY WOOD, JR., M.D.**, Professor of Microbiology, Johns Hopkins University School of Medicine, Baltimore, Maryland.

## **1. MINOR SURGERY IN THE OFFICE**

**Sunday, Monday and Tuesday Mornings, February 21, 22, 23**

**White Memorial Hospital, 1700 Brooklyn Avenue, Los Angeles**

Program planned by the College of Medical Evangelists—G. E. Norwood, M.D., Assistant Dean and Chairman, Division of Postgraduate Medicine.

*Course Chairman:* Arthur I. Kugel, M.D.

*Featuring:* Closed Circuit Television.

*Time:* Sunday, Monday and Tuesday, February 21, 22 and 23, 9:00 a.m. to 12:00 noon.

*Fee:* \$25.00.

*8:00 a.m. daily*—Chartered bus leaves Wilshire entrance of Ambassador Hotel to go to White Memorial Hospital.

### **Instructional Staff:**

#### **California Medical Association Guest:**

Oliver Cope, M.D., Associate Professor of Surgery, Harvard Medical School, Massachusetts General Hospital, Boston, Massachusetts.

#### **College of Medical Evangelists:**

Molleurus Couperus, M.D., Associate Clinical Professor of Dermatology and Syphilology.

Howard S. Downs, M.D., Associate Professor of Anesthesiology.

Samuel H. Fritz, M.D., Assistant Professor of Surgery.

Wilmer C. Hansen, M.D., Assistant Clinical Professor of Surgery.

Malcolm R. Hill, Sr., M.D., Professor of Proctology.

J. Arthur Johnson, M.D., Instructor in Obstetrics and Gynecology.

Arthur I. Kugel, M.D., Associate Professor of Surgery.

Forrest E. Leffingwell, M.D., Professor of Anesthesiology.

Alonzo J. Neufeld, M.D., Professor of Orthopedic Surgery.

Albert L. Olson, M.D., Assistant Professor of Pathology.

Kathleen M. Schaefer, M.D., Assistant Professor of Anesthesiology.

William A. Scharffenberg, Jr., M.D., Assistant Professor of Orthopedic Surgery.

Clarence E. Stafford, M.D., Professor of Surgery.

### **SUNDAY, FEBRUARY 21**

*8:00 a.m. daily*—Chartered bus leaves Wilshire entrance of Ambassador Hotel to go to White Memorial Hospital.

*Chairman of the Day:* Alonzo J. Neufeld, M.D.

**9:00—Problems in Obtaining and Handling Suitable Pathologic Material**—Presentation will be illustrated and will include a discussion of: (1) Types of fixatives, (2) What is an adequate biopsy?, (3) Importance of gentle handling, (4) Importance of history and (5) Cytologic preparation—Albert L. Olson, M.D., and Associates.

**9:30—Local Anesthetic Agents**—An illustrated presentation that will include a discussion of relative effectiveness, prevention of dangerous reactions and how and where to effectively locally anesthetize—Forrest E. Leffingwell, M.D., Howard S. Downs, M.D., and Kathleen M. Schaefer, M.D.

### **Panel Discussion**

**10:30—Foreign Bodies: Their Diagnosis, Localization and Removal.**

*Moderator:* Alonzo J. Neufeld, M.D.

*Participants:* Departments of Orthopedic Surgery, General Surgery, Otolaryngology, Ophthalmology, Urology and Radiology.

**11:30—A Panel Interview of Discussants of the Day with Questions and Answers**—Arthur I. Kugel, M.D., Moderator.

\*Interns and Residents with proper identification will be registered without payment of the fee.

## MONDAY, FEBRUARY 22

8:00 a.m. daily—*Chartered bus leaves Wilshire entrance of Ambassador Hotel to go to White Memorial Hospital.*

*Chairman of the Day:* Malcolm R. Hill, Sr., M.D.

9:00—Television: **Demonstration of Office Surgical Procedures in Dermatology**—Molleurus Couperus, M.D., and Associates.

9:45—Television: **Demonstration of Office Surgical Procedures in Proctology**—Malcolm R. Hill, Sr., M.D., and Associates.

10:30—Television: **Local Infiltrations as a Therapeutic Measure**—William A. Scharffenberg, Jr., M.D., and Associates.

11:00—Television: **Plastic Considerations in Minor Surgery in the Office, Including a Discussion of Suture Materials and Types of Incisions**—Wilmer C. Hansen, M.D., and Associates.

11:30—Panel Interview of Discussants of the Day with Question and Answer Period—Arthur I. Kugel, M.D., Moderator.

## TUESDAY, FEBRUARY 23

8:00 a.m. daily—*Chartered bus leaves Wilshire entrance of Ambassador Hotel to go to White Memorial Hospital.*

*Chairman of the Day:* Clarence E. Stafford, M.D.

9:00—Television: **Demonstration of Office Surgical Procedures in General Surgery**—Samuel H. Fritz, M.D., and Associates.

9:45—Television: **Demonstration of Office Surgical Procedures in Gynecology**—J. Arthur Johnson, M.D., and Associates.

### Panel Discussion

10:30—Pitfalls and Cautions in Office Surgical Procedures.

*Moderator:* Clarence E. Stafford, M.D.

*Participants:* Departments of General Surgery, Dermatology, Orthopedic Surgery, Proctology and Urology.

11:00—Discussion—Oliver Cope, M.D.

11:30—Panel Interview of Discussants of the Day with Question and Answer Period—Arthur I. Kugel, M.D., Moderator.

## 2. INFECTIOUS DISEASES

**Sunday, Monday and Tuesday Mornings, February 21, 22, 23**

**Chapman Park and Ambassador Hotels**

Program planned by University of California School of Medicine, Los Angeles, Thomas H. Sternberg, M.D., Assistant Dean for Continuation Medical Education.

*Course Chairman:* William L. Hewitt, M.D.

*Time:* Sunday, Monday and Tuesday, February 21, 22 and 23, 9:00 a.m. to 12:00 noon.

*Fee:* \$25.00.

### Instructional Staff:

California Medical Association Guest:

W. Barry Wood, Jr., M.D., Professor of Microbiology, Johns Hopkins University School of Medicine, Baltimore, Maryland.

University of California School of Medicine, Los Angeles.

John M. Adams, M.D., Professor and Chairman of Pediatrics.

Wiley F. Barker, M.D., Associate Professor of Surgery.

Sydney M. Finegold, M.D., Assistant Professor of Medicine (in Residence).

Lucien B. Guze, M.D., Assistant Clinical Professor of Medicine.

William L. Hewitt, M.D., Professor of Medicine.

Victor D. Newcomer, M.D., Associate Professor of Medicine (Dermatology).

Aaron F. Rasmussen, M.D., Ph.D., Professor of Infectious Diseases.

Robert Roantree, M.D., Assistant Professor of Medical Microbiology at Stanford University School of Medicine, Palo Alto.

## SUNDAY, FEBRUARY 21

Chapman Park Hotel

9:00—The Relationship of the Bactericidal Activity of Serum to Infection—Robert Roantree, M.D.

9:30—Immunity in Viral Infections—Aaron F. Rasmussen, M.D.

10:15—Cellular Mechanisms in Inflammation—W. Barry Wood, Jr., M.D.

### Panel Discussion

11:00—Host Factors Related to Resistance to Infection.

*Moderator:* John M. Adams, M.D.

*Panel:* Robert Roantree, M.D., Aaron F. Rasmussen, M.D., and W. Barry Wood, M.D.

## MONDAY, FEBRUARY 22

Oval Room, Ambassador Hotel

9:00—The Cause of Fever—W. Barry Wood, Jr., M.D.

9:45—Management of Fungal Infection—Victor D. Newcomer, M.D.

10:30—Infections Due to Anaerobic Bacteria—Sydney M. Finegold, M.D.

11:00—Management of Gram-Negative Bacillary Bacteremias—W. L. Hewitt, M.D.

11:30—Diagnosis and Management of Pyelonephritis—Lucien B. Guze, M.D.

## **TUESDAY, FEBRUARY 23**

Oval Room, Ambassador Hotel

9:00—**Diagnosis and Management of Viral Respiratory Disease**—John M. Adams, M.D.

9:45—**Hospital Acquired Infections: Method of Spread**—Wiley F. Barker, M.D.

10:30—**Hospital Acquired Infections: Combatting the Problem**—Sydney M. Finegold, M.D.

### **Panel Discussion**

11:00—**Rational Use of Antibiotic Agents.**

*Moderator:* William L. Hewitt, M.D.

*Panel:* Sydney M. Finegold, M.D., John M. Adams, M.D., and Victor D. Newcomer, M.D.

## **3. CLINICAL ENDOCRINOLOGY**

**Sunday, Monday and Tuesday Mornings, February 21, 22, 23**

**Los Angeles County General Hospital and Ambassador Hotel**

Sponsored by California Medical Association Section on General Practice: Chairman, James S. Eley, M.D., Eureka; secretary, Floyd K. Anderson, M.D., Los Angeles.

Program planned by University of Southern California School of Medicine, Phil R. Manning, M.D., Associate Dean, Postgraduate Division.

*Course Chairman:* Donald W. Petit, M.D.

*Time:* Sunday, Monday and Tuesday, February 21, 22 and 23, 9:00 a.m. to 12:00 noon.

*Fee:* \$25.00.

8:00 a.m. Sunday—Chartered bus leaves Wilshire entrance of Ambassador Hotel to go to Los Angeles County General Hospital.

### **Instructional Staff:**

California Medical Association Guests:

Oliver Cope, M.D., Associate Professor of Surgery, Harvard Medical School, Massachusetts General Hospital, Boston, Massachusetts.

Albert Segaloff, M.D., Director, Division of Endocrinology, Alton Ochsner Medical Foundation, New Orleans, Louisiana.

University of Southern California School of Medicine: Franz Bauer, M.D., Associate Professor of Medicine.

Boris Catz, M.D., Associate Clinical Professor of Medicine.

Robert Commons, M.D., Assistant Clinical Professor of Medicine.

George Donnell, M.D., Associate Professor of Pediatrics.

Stanford Furer, M.D., Assistant Clinical Professor of Medicine.

Joan Hodgman, M.D., Assistant Professor of Pediatrics.

Bruce Kessler, M.D., Instructor in Medicine.

Robert Lowrey, M.D., Assistant Clinical Professor of Medicine.

Phil Manning, M.D., Associate Professor of Medicine.

Edward Merchant, M.D., Assistant Clinical Professor of Medicine.

Don Nelson, M.D., Associate Professor of Medicine.

Donald Petit, M.D., Associate Professor of Medicine.

Jud Scholtz, M.D., Clinical Professor of Medicine (Dermatology).

Dean Scofield, M.D., Instructor in Medicine.

Paul Starr, M.D., Professor of Medicine—Emeritus.

Richard Taw, M.D., Assistant Clinical Professor of Obstetrics and Gynecology.

Robert Tranquada, M.D., Instructor in Medicine.

Bruce Walter, M.D., Instructor in Medicine.

Arnold Ware, Ph.D., Professor of Biochemistry and Nutrition.

Albert White, M.D., U.S.P.H. Service Trainee.

### **SUNDAY, FEBRUARY 21**

8:00 a.m. Sunday—*Chartered bus leaves Wilshire entrance of Ambassador Hotel to go to Los Angeles County General Hospital.*

9:00 a.m.-12:30 p.m.—Los Angeles County General Hospital

9:00—**Introduction: Growth Problems**—George N. Donnell, M.D., and Joan Hodgman, M.D.

10:00—**Case Demonstrations:**

Osteoporosis..... 1 group —15 min.

Thyroid..... 3 groups—45 min.

Pituitary..... 2 groups—30 min.

Adrenal..... 2 groups—30 min.

Gonadal Abnormalities.. 2 groups—30 min.

The students will rotate every 15 minutes from patient to patient. The faculty will also rotate.

### **MONDAY, FEBRUARY 22**

9:00 a.m.-12:00 noon—Regency Room, Ambassador Hotel

9:00—**Menstrual Irregularities**—Richard Taw, M.D., and Robert Commons, M.D.

9:30—**Diagnostic Problems in Thyroid Disease**—Boris Catz, M.D.

10:00—**The Nodular Thyroid**—Oliver Cope, M.D.

10:30—**Recess.**

10:45—**Thyroid Panel.**

### **TUESDAY, FEBRUARY 23**

9:00 a.m.-12:00 noon—Regency Room, Ambassador Hotel

9:00—**Hirsutism**—Robert Commons, M.D., and Jud Scholtz, M.D.

9:30—**Oral Antidiabetic Drugs**—Robert Tranquada, M.D.

10:00—**Clinical Disorders of Sexual Differentiation**—Albert Segaloff, M.D.

10:30—**Recess.**

10:45—**Adrenal Panel.**

For Enrollment Application, see next page.



## Scientific Exhibits

### CASINO FLOOR

#### North End of Boulevard Room

Entrance through Ballroom

**Maternal Mortality in California**—California Medical Association Committee on Maternal and Child Care, James W. Ravenscroft, M.D., San Diego, Chairman; and State of California Department of Public Health, Bureau of Maternal and Child Health, Theodore A. Montgomery, M.D., Berkeley, Child Health Consultant.—A wall map of California will be displayed with counties shaded for population and marked with colored pins designating the different causes of maternal deaths such as hemorrhage, abortion, toxemia. In front of the wall map will be a miniature graveyard with divisions for each different cause of death and colored markers designating the number of deaths in each category.

**Mechanical Assistance in Acute Heart Failure**—Peter F. Salisbury, M.D., Burbank.—Relief of intensification of specific types of acute heart failure by various types of mechanical assistance will be illustrated. Drawings, photographs, charts and posters will be displayed as well as special blood pumps for mechanical assistance in acute heart failure.

**Pelvic Pneumography**—A Useful Adjunct to Clinical Examination—Richard S. Lee, M.D., G. Melvin Stevens, M.D., and John F. Weigen, M.D., Palo Alto.—The usefulness of this radiographic procedure as an adjunctive measure in light of the relative inaccuracy of bimanual pelvic examination will be demonstrated. Photographs, roentgenograms, charts and posters will be used.

**Diagnosis of Acquired Heart Disease by Left Heart Catheterization**—Jerome Harold Kay, M.D., and Robert Anderson, M.D., Los Angeles.—This exhibit will display typical left heart tracings of some common acquired valvular defects. Charts will show the approach and technique of left heart catheterization.

#### South End of Sunset Room

Entrance through Ballroom

**Vasopressor Treatment of Shock**—Eliot Corday, M.D., Beverly Hills; and John H. Williams, M.D., Jamaica Plain, Massachusetts, by invitation.—This exhibit will consist of three panels demonstrating by moulage, charts and posters the effect of shock and vasopressor drugs on the circulation of the heart, brain, liver, kidney and gastrointestinal tract.

**Regional Perfusion in Cancer Therapy**—Robert T. Hood, Jr., M.D., William H. Faeth, M.D., and Neal C. Hamel, M.D., Burbank.—Clinical and experimental results in the use of a pump oxygenator system for regional perfusion with cancericidal agents, and the effect of flow rate and pressure on "isolation" efficiency will be graphically shown by use of drawings, charts and posters.

**Low Frequency Precordial Vibrations (Spectrosonograms)**—Clarence M. Agress, M.D., Morris Wilburne, M.D., Martin Shickman, M.D., Los Angeles; Louis G. Fields and Stanley Wegner, by invitation, Los Angeles.—Methods of recording spectrosonograms, their application in cardiac diagnosis, and use in assessing myocardial function will be shown by means of photographs, charts and posters.

#### APPLICATION FOR ENROLLMENT

Mail to: POSTGRADUATE ACTIVITIES, CALIFORNIA MEDICAL ASSOCIATION  
2975 Wilshire Boulevard, Los Angeles 5, California

With check or money order in the amount of \$25.00 made payable to the CALIFORNIA MEDICAL ASSOCIATION. Check the course you plan to attend.

Name \_\_\_\_\_

Address \_\_\_\_\_

I am in General Practice \_\_\_\_\_ I limit my practice to \_\_\_\_\_

Medical School Attended \_\_\_\_\_ Year of graduation \_\_\_\_\_

- ☐ 1. Minor Surgery in the Office (9-hour course, Sunday, Monday and Tuesday mornings)
- ☐ 2. Infectious Diseases (9-hour course, Sunday, Monday and Tuesday mornings)
- ☐ 3. Clinical Endocrinology (9-hour course, Sunday, Monday and Tuesday mornings)

# **WOMAN'S AUXILIARY to the CALIFORNIA MEDICAL ASSOCIATION**

**Thirtieth Annual Convention, February 21 to 23, 1960**

**Headquarters: Ambassador Hotel, Los Angeles**



**MRS. THEODORE A. POSKA, President**



**MRS. SAMUEL GENDEL, President-Elect**

**Convention Chairman: MRS. ARTHUR T. BAILEY**

## **REGISTRATION**

### **Main Lobby**

Sunday, February 21—9:00 a.m. to 4:00 p.m.

Monday, February 22—8:30 a.m. to 4:00 p.m.

Tuesday, February 23—8:30 a.m. to 10:00 a.m.

### **SATURDAY, FEBRUARY 20**

7:30 p.m.—Annual Report of the Woman's Auxiliary by the President, Mrs. Theodore A. Poska, to the California Medical Association House of Delegates, Embassy Room. All doctors' wives are invited to attend. (Auxiliary members will not register for this meeting. Woman's Auxiliary Registration will start Sunday morning in the Main Lobby.)

### **SUNDAY, FEBRUARY 21**

9:00 a.m.—Executive Committee breakfast meeting, Oval Room E.

2:30 p.m.—Pre-Convention Board Meeting, Grove Lounge.

7:00-8:00 p.m.—California Medical Association Reception honoring Doctor T. Eric Reynolds, President of the California Medical Association, and Mrs. Theodore A. Poska, President of the Woman's Auxiliary to the California Medical Association, Regency Room. (By invitation.)

8:00 p.m.—Presidents' Dinner and Ball honoring the Presi-

dent of the California Medical Association, Dr. T. Eric Reynolds, and the President of the Woman's Auxiliary to the California Medical Association, Mrs. Theodore A. Poska, Cocoanut Grove. Formal dress optional.

### **MONDAY, FEBRUARY 22**

9:00 a.m.—First Business Session of the 30th Annual Meeting, Embassy Room. Mrs. Theodore A. Poska, presiding.

2:15 p.m.—Second Business Session, East Venetian Room.

### **TUESDAY, FEBRUARY 23**

9:00 a.m.—Third Business Session, Embassy Room. Mrs. Theodore A. Poska, presiding.

12:45 p.m.—Luncheon in honor of Mrs. Theodore A. Poska and Mrs. Samuel Gendel; Members of the State Advisory Board, and Past State Presidents, Cocoanut Grove.

3:00 p.m.—Post-Convention Board Meeting, Grove Lounge. Mrs. Samuel Gendel, presiding.

# APPLICATION FOR HOUSING ACCOMMODATIONS

FOR YOUR CONVENIENCE in making hotel reservations for the coming meeting of the **California Medical Association**, February 21\*-24, 1960, Los Angeles, hotels and their rates are at the right. Use the form at the bottom of this page, indicating your first and second choice. Because of the limited number of single rooms available, your chance of securing accommodations of your choice will be better if your request calls for rooms to be occupied by two or more persons. **All requests for reservations must give definite date and hour of arrival as well as definite date and approximate hour of departure; also names and addresses of all occupants of hotel rooms must be included.**

## Eighty-ninth Annual Session CALIFORNIA MEDICAL ASSOCIATION Los Angeles, California FEBRUARY 21\*-24, 1960

### HOTEL ROOM RATES<sup>†</sup>

	Single	Twin Beds	Suites
<b>AMBASSADOR HOTEL</b>			
3400 Wilshire Boulevard			
Main Building.....	12.00-22.00	16.00-26.00	32.00-44.00
Garden Studios.....	18.00-28.00	22.00-32.00	44.00-58.00
<b>CHAPMAN PARK HOTEL</b>			
3405 Wilshire Boulevard.....	9.00-10.00	14.00	20.00
Bungalows.....		16.00	25.00-40.00
<b>THE GAYLORD HOTEL</b>			
3355 Wilshire Boulevard.....		12.50	18.00
<b>HOTEL CHANCELLOR</b>			
3191 West Seventh Street..	9.00	12.00	
<b>SHERATON-WEST</b> (formerly Sheraton-Town House)			
2961 Wilshire Boulevard.....	12.50-18.00	17.50-23.00	34.00

**ALL RESERVATIONS MUST BE RECEIVED BEFORE: JANUARY 15, 1960**

**\*February 20: House of Delegates will start with evening meeting Saturday, February 20.**

†The above quoted rates are existing rates but are subject to any change which may be made in the future.

#### CALIFORNIA MEDICAL ASSOCIATION

693 Sutter Street

San Francisco 2, California

Please reserve the following accommodations for the 89th Annual Session of the California Medical Association, in Los Angeles February 21-24, 1960. (House of Delegates members: First meeting of House begins Saturday evening, February 20.)

Single Room \$..... Twin-Bedded Room \$.....

Small Suite \$..... Large Suite \$..... Other Type of Room \$.....

First Choice Hotel..... Second Choice Hotel.....

ARRIVING AT HOTEL (date):..... Hour:..... A.M. .... P.M. } Hotel reservations will be held until

Leaving (date):..... Hour:..... A.M. .... P.M. } 6:00 P.M., unless otherwise notified

THE NAME OF EACH HOTEL GUEST MUST BE LISTED. Therefore, please include the names of both persons for each twin-bedded room requested. Names and addresses of all persons for whom you are requesting reservations and who will occupy the rooms asked for:

.....

.....

.....

Individual Requesting Reservations—Please print or type

Name.....

Address.....

Officer?..... Delegate?..... Alternate?.....

County.....

City and State.....

**PROGRAM AND REPORTS**

## CLINICAL-PATHOLOGICAL CONFERENCE

(Continued from Page 13)

her previous complaints of cramping abdominal pain, diarrhea, burning epigastric pain and dysphasia.

Physical examination was not unusual and laboratory work showed again a normal total protein, amylase of 84 per cent, and normal calcium and phosphorus. The fasting blood sugar was not done. The uropepsin value was 1.23 log units per hour which was stated to be the highest recorded in that laboratory at that time. This was 8 months after the subtotal gastrectomy.

On April 28, 1953 she had a transthoracic vagotomy through a left thoracotomy incision and the operative notes state specifically that both major trunks of the vagus nerve were cut.

On May 6, the second gastric analysis in her hospital course was done and showed no free acid, and 42 clinical units of total acid before histamine. It was now 9 months after her subtotal gastrectomy. The postoperative course was uneventful and she was discharged.

She was seen again December 4, 1953 to February 8, 1954. She had lost weight, from 92 to 76 pounds, and complained again of diarrhea to the extent of 12 loose stools per day. The stools contained food which she had ingested within the past hour or two.

She continued to have the burning epigastric pain which was relieved by food. Physical examination at this time was unchanged with the pigmented lesion still present, the clubbing still present and an essentially negative abdominal examination. The blood pressure was 60/44, laboratory work showed reversal of the A-G ratio with a total protein of 4.2. Fasting blood sugar was 67, calcium 7.5. The uropepsin was .4914 log units and she had no gastric free acid. This was 15 months after her subtotal gastrectomy.

On December 16, after gastrointestinal examination had showed a jejunocolic fistula she was again operated upon. No mention is made in the operative note of the pancreas, but it is stated that no marginal ulcer was felt. The jejunocolic fistula was taken down. Her postoperative course was again complicated by episodes of tetany, wound infection, and vomiting.

On January 8 she was found to be markedly obtunded and febrile. Physical examination on this occasion, as on previous occasions in the similar state, was unremarkable except for the fact that she was obtunded. For the first time no definite cause could be found as all laboratory examinations were within normal limits. She responded to symptomatic treatment but the diarrhea and vomiting persisted.

On January 26 gastrointestinal examination revealed obstruction of the distal transverse colon and question of fistula. On January 27, six weeks after the first fistula had been repaired, she was again explored and a jejunal ulcer was found immediately opposite the gastrojejunostomy stoma. This led into the transverse colon. In addition there was a jejunal ulcer distal to this point which led into a blind pocket. The previous sites of fistula repair were not involved. The pancreas was not involved. The entire area was excised, removing en bloc the gastrojejunostomy together with the fistula to the transverse colon, and an end-to-end jejunal-jejunostomy was done and a posterior gastrojejunostomy was reinstituted, and the transverse colon was brought out to the abdominal wall as a double-barreled transverse colostomy.

Following this operation she became febrile, obtunded and her course was rapidly downhill, with a bloody oliguria of 150 to 200 cc. per day. She developed anasarca with rising potassium and nonprotein nitrogen and expired quietly on February 8, 1954.

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## QUALIFICATIONS/REQUIREMENTS FOR REGISTRATION

(a) All M.D.'s with credentials showing that they hold valid license to practice medicine. (Membership card in C.M.A.; county medical society/association or A.M.A. membership card.)

(b) Medical students will be admitted upon presentation of credentials from their medical schools identifying them as medical students. (A membership card of the Student American Medical Association or letter from their dean's office.)

(c) Medical secretaries will be admitted upon presentation of a letter from the physician employer.

(d) Pharmacist mates and other military personnel of a like grade will be admitted upon presentation of a letter requesting their admittance, written by their commanding officer.

(e) Dentists (D.D.S.), doctors of veterinary medicine (D.V.M.), registered nurses (R.N.), student nurses, x-ray technicians, laboratory technicians, dietitians, allied public health personnel, and others will be admitted provided they have proper identification.

(f) *All questions on admission will be passed upon by a member of the Committee on Registration who will be present at the desk.*



## THE DEVEREUX FOUNDATION

### ANNOUNCES

The opening of a new residential treatment center for children with intellectual and emotional difficulties

at

### VICTORIA, TEXAS

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THE DEVEREUX SCHOOLS  
VICTORIA, TEXAS

The Victoria program will incorporate the principles of Therapeutic Education with a multi-disciplinary approach that have developed from years of experience in the field of Special Education.

Professional inquiries for Eastern Schools should be directed to Charles J. Fowler, Registrar, Devereux Schools, Devon, Pennsylvania; for Pacific Coast Schools, to Keith A. Seaton, Registrar, Devereux Schools in California, Santa Barbara, California

### THE DEVEREUX FOUNDATION

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Santa Barbara, California  
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HELENA T. DEVEREUX  
Administrative Consultant

EDWARD L. FRENCH, Ph.D.  
Director

WILLIAM B. LOEB  
Treasurer

## Food Radioactivity Research Must Be Continued

Radioactivity in food now presents no dangers, but research in the field must continue, especially as the peacetime use of nuclear energy increases, according to a Cornell University researcher.

In a report prepared for the American Medical Association's Council on Foods and Nutrition, appearing in the October 31 issue of the *Journal of the American Medical Association*, Cyril L. Comar, Ph.D., said environmental contamination now existing is due almost entirely to fall-out from nuclear weapons.

Eventually the contamination may be increased by such peacetime activities as mining of uranium and thorium ore and fuel processing; reactor installations in power plants, submarines, ships and aircraft, and radioisotopic applications in medicine, industry and agriculture.

The relative hazard of radioactive material is governed by several factors, Dr. Comar said. These include the amount released into the environment; the length of time the radioactivity lasts in certain materials; efficiency of transfer through the food chain to the human diet; the degree of absorption by the body, and the length of time the material is retained in the body.

According to these criteria, the radioisotopes from fall-out which are of the greatest concern are iodine, barium, strontium and cesium. Those of iodine and barium are relatively short-lived, while those of strontium and cesium retain their radioactivity for a long time.

Radioactive contaminants are transferred to man by specific pathways through the food chains, Dr. Comar said. For instance, barium-140 goes from the atmosphere to vegetation, to cattle, to milk, to man. Strontium, cesium and iodine have slightly more complicated pathways including soil and meat products.

The importance of the various pathways depends on many factors, such as the composition of the soil and the nature of plant cover. A heavy root mat will tend to trap fall-out strontium and delay its reaching the soil, while at the same time permitting absorption into the plant from the base of the stem.

The agricultural management of crops and livestock, which includes the plowing depth, fertilizer practice, and type of feeding employed, is another factor. It appears that the present contamination of diets originates mainly from surface contamination rather than from the soil reservoir.

This soil reservoir will be an increasingly important source of contamination, even if nuclear tests are stopped, Dr. Comar said. The present contamination will spread into the ground and persist there. This is especially true of strontium and

(Continued on Page 62)

## Rare Cases of Hallucinations

(Continued from Front Advertising Section, Page 52)

only wished that the death might bring "a deliverance" to her from her misery. Nevertheless, when she died, they all felt guilty and responsible.

Thus the image of their dead mother became the kernel of their secret fears and the menacing content of their imagery. The hallucinations occurring before sleep might even be called "real nightmares." Mr. A.'s hallucinations disappeared after his surgery, perhaps because he felt the surgery to be a form of punishment.

## Food Radioactivity Research Must Be Continued

(Continued from Page 58)

cesium, which retain their radioactivity for long periods.

Thus close checking of dietary levels of radioisotopes and research to understand their possible effects on man must be continued indefinitely.

Dr. Comar is director of the laboratory of radiation biology in the department of physiology at New York State Veterinary College, Cornell University, Ithaca, New York.

## Compton Sanitarium

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Medical Director

HELEN RISLOW BURNS, M.D.  
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Norris H. Perkins, M.D.  
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## **Mental Health "Contagion" May Help World Peace**

Physicians may some day be able to prevent family and community turmoil, to strike at greed and prejudice, and even perhaps help lay the foundation for world peace.

They may be able to do this because mental disease and mental health are just as "infectious" as a smile or the measles, according to an editorial in the September 12 issue of the *Journal of the American Medical Association*.

Although mental illness is as old as mankind, only recently have many physicians begun to view it as a disease—involving susceptibility and resistance factors—which is amenable to control through a broad program of preventive medicine.

Mental illness is now the only major public health problem that is not adequately reported, the editorial said. It then urged increased study of the cause and spread of mental illness and health and of techniques for preventing illness. Mental illness and health may well be the "epidemiology of the future," the editorial noted.

An accompanying "Medicine at Work" article noted that the seeds of communicability are "implanted in person-to-person contact, fertilized in the family to grow throughout the community, blown and sown from nation to nation. Contact might

communicate a fleeting thought or involve the transference of broad patterns of living."

The communicability of mental illness can range from that between a mother and child when the mother scolds and the child becomes anxious to that between nations which "breed dislike," the article said.

But health is also infectious, it said. "A child who is taught not to steal accepts this as a general idea, and it develops into a feeling—not just an understanding—that creates an iron-clad 'prejudice' against stealing."

To understand how all of this works and how the phenomenon of communicability can be used to help man toward better mental health must be the cooperative goal of physicians, psychologists, sociologists, teachers, anthropologists, and clergymen, the Journal editorial concluded.

### **HOTEL ROOMS FOR C.M.A. ANNUAL SESSION**

*February 21 to 24, 1960*

**PLEASE NOTE:** The Ambassador Hotel will not guarantee sleeping rooms unless reserved before January 15, 1960. Make your reservations now. For hotel reservations, turn back to page 50, Advertising Section.

## **Woodside Acres Hospital**

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**ABSTINENCE** supported by  
**INDIFFERENCE TO ALCOHOLIC BEVERAGES,** the return of  
**SELF-RESPECT and SELF-CONFIDENCE,** results from  
**CONDITIONED RESPONSE THERAPY** when properly applied

*Quoth the Raven*

# **'NEVERMORE'**



## The Clinical Significance of a Lump in the Throat\*

The sensation of a lump in the throat is a common complaint and is generally treated lightly, but to assume that it is purely functional without due examination in a given case is dangerous. The emotional lump in the throat is probably a spasm of the cricopharyngeus muscle, which is the lowermost portion of the m. constrictor pharyngis inferior and serves normally as the sphincter of the esophagus. The lump which moves up and down commonly represents the results of inflammation of the naso-

\*Abstract from A.M.A. Arch. Otolaryng., 70:157-165, Aug. 1959, G. Edward Tremble.

pharyngeal mucosa after influenza. The lump with aching is most often found in women and is associated with hypothyroidism. In the case presented, however, a lump that had been assumed at first to be functional in origin and later ascribed to chronic lingual tonsillitis, was ultimately found to be a squamous-cell carcinoma on the tongue at the level of the tip of the epiglottis. The discomfort connected with pharyngitis is not necessarily proportional to the extent of the pathological changes found on examination. The temptation to explain a lump in the throat as a form of neurosis should be resisted, and the physician should use all the means at his disposal to make a diagnosis and give appropriate treatment.

## ALEXANDER SANITARIUM INCORPORATED

LOCATED IN THE FOOTHILLS  
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### Address Correspondence

MRS. ANNETTE ALEXANDER, President  
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Belmont, Calif. • LYtell 3-2143

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JOHN ALDEN, M.D.  
Chief of Staff  
HENDRIE GARTSHORE, M.D.  
Asst. Chief of Staff

P. P. POLIAK, M.D.  
Asst. Chief of Staff  
GEORGE KOLAWSKI, M.D.  
Staff Physician

The Alexander Sanitarium is a neuropsychiatric open hospital for treatment of emotional states. Treatment consists of electric shock, hydrotherapy, insulin shock-therapy, psychotherapy and occupational therapy. Conditioned reflex treatment for alcoholism.

Occupational facilities consist of special occupational therapy room, tennis court, billiards, badminton court, table tennis and completely enclosed, heated, full-size swimming pool.

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Arcadia  
Room 102, 6 N. First Ave.  
Tel. Murray 1-5077 P. O. Box 543



# BOOKS RECEIVED

*Books received by CALIFORNIA MEDICINE are acknowledged in this column. Selections will be made for more extensive review in the interests of readers at space permits.*

**ACUTE MEDICAL SYNDROMES AND EMERGENCIES, THE—Diagnosis and Treatment**—Albert Salisbury Hyman, M.D., Associate Clinical Professor of Medicine, New York Medical College, New York, New York. With the collaboration of Samuel Weiss, M.D., Professor of Gastroenterology Emeritus, New York Polyclinic Medical School, New York, New York; George Guttman Ornstein, M.D., Associate Clinical Professor of Medicine, New York Medical College, New York, New York; Howard F. Root, M.D., Medical Director, Joslin Clinic, Boston, Massachusetts; Anna Ruth Spiegelman, M.D., Assistant Professor Clinical Medicine, New York University Postgraduate Medical School, New York, New York; and Jack Abry, M.D., Associate Attending Physician, New York City Hospital, Elmhurst, New York. Landsberger Medical Books, Inc., New York, New York, 1959. 442 pages, \$8.75.

**ADOLESCENT AGGRESSION—A Study of the Influence of Child-Training Practices and Family Interrelationships.** Albert Bandura, Stanford University, and Richard H. Walters, University of Toronto. Foreword by Robert R. Sears, Stanford University. The Ronald Press Company, 15 East 26th Street, New York 10, New York, 1959. 475 pages, \$7.50.

**ANATOMY OF THE HUMAN BODY—27th Edition**—by Henry Gray, F.R.S., Late Fellow of the Royal College of Surgeons; Lecturer on Anatomy at St. George's Hospital Medical School, London. Edited by Charles Mayo Goss, M.D., Managing Editor of the Anatomical Record; Professor of Anatomy, Louisiana State University School of Medicine, New Orleans, Louisiana. (Gray's Anatomy Centennial Edition—1859-1959). Lea & Febiger, Philadelphia, Pennsylvania, 1959. 1458 pages, \$17.50.

**ATLAS AND MANUAL OF DERMATOLOGY AND VENEREOLOGY**—Professor Dr. W. Burckhardt, Director of the Municipal Polyclinic for Skin and Venereal Diseases, Zurich, Switzerland. Translated and Edited by Stephan Epstein, M.D., Marshfield Clinic, Marshfield, Wisconsin; Clinical Associate Professor of Dermatology, University of Minnesota School of Medicine, Minneapolis, Minnesota. The Williams & Wilkins Company, Baltimore 2, Maryland, 1959. 276 pages, \$14.00.

**BIOPSY MANUAL**—James D. Hardy, M.D., Professor and Chairman of the Department of Surgery, University of Mississippi School of Medicine; James C. Griffin, Jr., M.D., Assistant Instructor in Surgery, Administrative Chief Resident in Surgery, National Cancer Institute Trainee, University of Mississippi School of Medicine; and Jorge A. Rodriguez, M.D., Assistant Professor of Surgical Anatomy, The Dept. of Surgery, University of Mississippi School of Medicine. W. B. Saunders Company, Philadelphia, Pennsylvania, 1959. 150 pages, \$6.50.

**CIBA COLLECTION OF MEDICAL ILLUSTRATIONS, THE—Volume 3; Digestive System, Part 1, Upper Digestive Tract.** Prepared by Frank H. Netter, M.D.; edited by Ernst Oppenheimer, M.D. Commissioned and published by Ciba, 1959. Copies may be obtained from the Publications Department, CIBA Pharmaceutical Products, Inc., Summit, New Jersey. 206 pages, \$12.50.

**CIBA FOUNDATION STUDY GROUP NO. 1—Pain and Itch, Nervous Mechanisms.** In honor of Prof. Med. Dr. Y. Zotterman, M.D., R.V.O. Editors for the Ciba Foundation, G. E. W. Wolstenholme, O.B.E., M.A., M.B., M.R.C.P., and Maeve O'Connor, B.A. Little, Brown and Company, 34 Beacon Street, Boston 6, Massachusetts, 1959. 120 pages, with 41 illustrations, \$2.50.

**CIBA FOUNDATION STUDY GROUP NO. 2—Steric Course of Microbiological Reactions.** In honor of Prof. Dr. V. Prelog. Editors for the Ciba Foundation G. E. W. Wolstenholme, O.B.E., M.A., M.B., M.R.C.P., and Cecilia M. O'Connor, B.Sc. Little Brown and Company, 34 Beacon Street, Boston 6, Massachusetts, 1959. 115 pages, with 37 illustrations, \$2.50.

**CIGARETTE HABIT, THE: A Scientific Cure**—Arthur King. Doubleday & Company, Inc., 575 Madison Avenue, New York 22, New York, 1959. 96 pages, \$2.00.

**CLINICAL AUSCULTATION OF THE HEART—SECOND EDITION—with 660 Illustrations**—by Samuel A. Levine, M.D., Sc.D. (Hon.), F.A.C.P., Clinical Professor of Medicine, Emeritus, Harvard Medical School; Consultant in Cardiology, Peter Bent Brigham Hospital, Boston; Consultant Cardiologist, Newton-Wellesley Hospital; Physician, New England Baptist Hospital; and W. Proctor Harvey, M.D., Associate Professor of Medicine, Georgetown University School of Medicine and Director, Division of Cardiology, Georgetown University Hospital; Consultant in Cardiology, Walter Reed Army Medical Center, Bethesda Naval Hospital. W. B. Saunders Company, Philadelphia, Pennsylvania, 1959. 657 pages, \$11.00.

**DIAGNOSIS AND TREATMENT OF MENSTRUAL DISORDERS AND STERILITY—FOURTH EDITION**—S. Leon Israel, M.D., Professor of Gynecology and Obstetrics, Graduate School of Medicine, University of Pennsylvania; Chief Gynecologist, Graduate Hospital, Gynecologist and Obstetrician, Pennsylvania Hospital, Philadelphia, Pennsylvania. Paul B. Hoeber, Inc., Medical Book Department of Harper & Brothers, 49 East 33rd Street, New York 3, New York, 1959. 666 pages, \$15.00.

**DISTURBANCES IN GASTROINTESTINAL MOTILITY**—edited by J. Alfred Rider, M.D., Ph.D., Assistant Professor of Medicine, University of California School of Medicine, San Francisco, California; and Hugo C. Moeller, M.D., Ph.D., Assistant Professor of Medicine, University of California School of Medicine, San Francisco, California. Charles C. Thomas, Publisher, Springfield, Illinois, 1959. 387 pages, \$13.00.

**DOCTORS AND PATIENTS—Stories by Leading American Physicians**—edited by Noah D. Fabricant, M.D. Grune & Stratton, Inc., 381 Fourth Avenue, New York 16, New York, 1959. 204 pages, \$9.25.

**EMERGENCY SYNDROMES IN PEDIATRIC PRACTICE, THE**—Alfred J. Vignec, M.D., Clinical Professor of Pediatrics, New York University, College of Medicine, New York, New York; Medical Director and Pediatrician in Chief, New York Foundling Hospital, New York, New York; and Director of Pediatric Division, St. Vincent's Hospital, New York, New York. Landsberger Medical Books, Inc., 51 East 42nd Street, New York, New York, 1959. 382 pages, \$9.00.

**EXPERIMENTAL SURGERY—Including Surgical Physiology—FOURTH EDITION**—By J. Markowitz, M.B.E., M.B. (Tor.), Ph.D., M.S. in Exp. Surg. (Minn.); Professor of Physiology, University of Toronto; Visiting Professor of Physiology, Ontario Veterinary College, Guelph, Ont.; J. Archibald, D.V.M.M.V.Sc., Dr. Med. Vet. (Glessen), M.R.C.V.S., Professor & Head of the Division of Small Animal Medicine and Surgery, Ontario Veterinary College, Guelph, Ontario; and H. G. Downie, D.V.M., M.S. (Cornell), M.V.Sc., Professor & Head, Department of Physiological Sciences, Ontario Veterinary College, Guelph, Ontario. The Williams & Wilkins Company, Baltimore 2, Maryland, 1959. 931 pages, \$12.50.

**FAMILY MEDICAL ENCYCLOPEDIA, THE**—Justin J. Schifferes, Ph.D. (A Heath Education Council Book). (Originally published by Little, Brown & Company, Boston, 1959) PermaBook Edition, PermaBook, 630 Fifth Avenue, New York, New York, 1959. 619 pages, illustrated by Louise Bush, Ph.D., 50c.

**FLUIDS OF PARENTERAL BODY CAVITIES, THE—Modern Medical Monographs—19**—Paul D. Hoeprich, M.D., Assistant Professor of Medicine and Assistant Research Professor of Pathology, University of Utah College of Medicine, Salt Lake City, Utah; and John R. Ward, M.D., Assistant Professor of Medicine, University of Utah College of Medicine, Salt Lake City, Utah. Grune & Stratton, Inc., 381 Fourth Avenue, New York 16, New York, 1959. 98 pages, \$4.75.

**GROWTH DIAGNOSIS—Selected Methods for Interpreting and Predicting Physical Development from One Year to Maturity.** Leona M. Bayer, associate clinical professor of medicine at Stanford University School of Medicine, and Nancy Bayley, chief of the Section on Child Development, National Institute of Mental Health. The University of Chicago Press, 5750 Ellis Avenue, Chicago 37, Illinois, 1959. 241 pages, \$10.

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## Treatment of Burns

The many ointments recommended for the treatment of major burns are of "little practical value," according to Dr. Isidor S. Ravdin, Philadelphia surgeon.

In a report prepared for the American Medical Association's Council on Drugs, Dr. Ravdin said, "In fact, many of the agents which have been used to promote healing have been shown to be detrimental to epithelization."

"The only worthwhile place for a specialized burn ointment (if such an ointment exists) seems to be on a small superficial burn for the immediate relief of pain."

The best dressing for a serious burn is "still a fine-mesh gauze lightly impregnated with an innocuous bland ointment," according to Dr. Ravdin. However, the "open method of treatment," in which no dressing is used and the dried skin serves as the bandage, is gaining more and more acceptance.

Dr. Ravdin pointed out that antibiotics have little value in the local care of the burned wound; however, the general use of them to prevent overwhelming systemic infection is of great value. One of the most frequent causes of death in serious burns is from a late-developing general infection.

The use of cortisone and corticotropin has been

discontinued almost entirely, he said, since they have been proved to be of no use in speeding healing.

The best method of cleaning the burned area, if this is necessary, is still by washing with surgical soap and sterile water or a salt solution. The best way to remove foreign material and dead skin is still achieved by time or the surgeon's scalpel.

One of the most difficult problems in serious burns is the treatment of shock. This is handled by the giving of fluids—plasma, whole blood, water or salt solutions, usually intravenously.

Large quantities of salt are necessary in the early phase of treatment because of the rapid loss of sodium by the body. If the salt solution can be given orally, a weaker solution not only is better tolerated but also eliminates the necessity of giving extra water intravenously.

Local agents to control pain are no longer used. Gentleness in the care of the patient and early removal of dead skin, with early grafting of new skin, provide the best means of making the patient comfortable, he concluded.

Dr. Ravdin is professor of surgery at the Hospital of the University of Pennsylvania, and his report appeared in the November 7 issue of the *Journal of the American Medical Association*.

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## Salk Vaccine Reactions Are One in a Million

Reported reactions to Salk polio vaccine thus far are so low as to make it unique among immunizing agents, according to Dr. Charles N. Christensen, Indianapolis.

Writing in the October 17 issue of the *Journal of the American Medical Association*, Dr. Christensen, medical division of Lilly Research Laboratories, said there have been only 284 reaction complaints in connection with 184,000,000 doses of Eli Lilly and Company manufactured vaccine. Of these, only 146 could be called possibly significant—a complaint rate of 1 per 1,200,000 doses.

One hundred thirty-eight complaints were of burning or stinging pain on injection and were regarded as less significant.

In six instances a clinical picture resembling polio was recorded. Weakness in the extremities not diagnosed as polio was reported three times. In two patients it was transient. In the third case, an adult developed weakness in his left leg after a second injection and more severe weakness after a third injection.

Dr. Christensen stated that evaluation of polio possibly caused by the Salk vaccine is difficult, since some of the millions of persons immunized almost certainly were infected at the time of vaccination—

or they acquired infection soon after receiving the vaccine. He concluded, "It seems likely that cases of poliomyelitis which occurred after injections of the vaccine were coincidental to its use."

Nine cases of encephalitis were reported. In none of these were laboratory data available to identify the cause of the disease, according to the article.

Allergic reactions also were considered a potential hazard. But in 1954 when 7,507 children were test inoculated, only one instance of hives was encountered.

Penicillin also has been incriminated as a cause of allergic reactions after vaccination. It is impossible to omit antibiotics from the manufacture of Salk vaccine, Dr. Christensen noted, since they are essential to the prevention of bacterial contamination of the tissue culture. He pointed out that the incidence of allergic reactions has been so low, it has become difficult to determine if the vaccine itself was responsible. A very high degree of penicillin sensitivity would have to exist—a sensitivity so high that it is rarely found.

The one-in-a-million complaint figure is based on all complaints received from physicians, and in many cases the physician indicated he did not believe the reaction was related to the Salk vaccine. He reported either for information or in the course of an inquiry.

## BOOKS RECEIVED

(Continued from Page 76)

**HEROIC SANCTITY AND INSANITY—An Introduction to the Spiritual Life and Mental Hygiene.** Thomas Verner Moore, Carthusian; formerly Head of the Department of Psychology and Psychiatry and Director of the Child Guidance Center at the Catholic University of America, Washington, D. C. Grune & Stratton, Inc., 381 Fourth Avenue, New York 16, New York, 1959. 243 pages, \$5.00.

**JEWISH MEDICAL ETHICS—A Comparative and Historical Study of the Jewish Religious Attitude to Medicine and its Practice—Rabbi Dr. Immanuel Jakobovits.** Philosophical Library, Inc., 15 East 40th Street, New York, New York, 1959. 381 pages, \$6.00.

**MEGALOBlastic ANEMIAS, THE—Modern Medical Monographs—18—Victor Herbert, M.D.,** Research Assistant in Hematology, The Mount Sinai Hospital, New York. Grune & Stratton, Inc., 381 Fourth Avenue, New York 16, New York, 1959. 162 pages, \$6.00.

**METABOLIC CARE OF THE SURGICAL PATIENT—**Francis D. Moore, M.D., Moseley Professor of Surgery, Harvard Medical School; Surgeon-in-Chief, Peter Bent Brigham Hospital. Illustrated by Mildred Coddington, A.B., M.A., Surgical Artist, Department of Surgery, Harvard Medical School, Peter Bent Brigham Hospital. W. B. Saunders Company, Philadelphia, Pennsylvania, 1959. 1011 pages, \$20.00.

**OBSERVATIONS ON DIRECT ANALYSIS—The Therapeutic Technique of Dr. John N. Rosen.** Morris W. Brody, M.D.; with forewords by John N. Rosen, M.D., and O. Spurgeon English, M.D. Vantage Press, Inc., 120 W. 31st Street, New York 1, New York, 1959. 104 pages, \$2.95.

**PEDIATRIC PATHOLOGY—Daniel Stowens, M.D.,** Pathologist, Children's Hospital Society of Los Angeles; Associate Professor of Pathology, University of Southern California; Diplomate, American Boards of Pediatrics and Pathology. The Williams & Wilkins Company, Baltimore, Maryland, 1959. 676 pages, \$20.00.

**PHYSICIAN AND THE LAW—2nd Edition—Rowland H. Long,** Member Massachusetts and New York Bars; Assistant Professor in Forensic Medicine, New York University Post-Graduate Medical School; with a foreword by Milton Helsen, M.D., Chief Medical Examiner, New York City. Appleton-Century-Crofts, Inc., 35 West 32nd St., New York 1, New York, 1959. 302 pages, \$5.95.

**PLANNING HOMES FOR THE AGED—**edited by Geneva Mathiasen, Executive Secretary, National Committee on the Aging, National Social Welfare Assembly; and Edward H. Noakes, Edward H. Noakes & Associates, Architects. F. W. Dodge Corporation, 119 West 40th Street, New York 18, New York, 1959. 119 pages, \$12.75.

**PREPARATION OF MEDICAL LITERATURE, THE—**Louise Montgomery Cross, M.A.—with a Chapter on Charts and Graphs by Shirley Baty, Medical Illustrator, The Memorial Center for Cancer and Allied Diseases. J. B. Lippincott Company, Philadelphia, Pennsylvania, 1959. 451 pages, \$10.00.

**PSYCHOPATHY—A Comparative Analysis of Clinical Pictures—Carl Frankenstein, Ph.D.,** Associate Professor of Special Education, The Hebrew University, Jerusalem. Grune & Stratton, Inc., 381 Fourth Avenue, New York 16, New York, 1959. 198 pages, \$6.75.

**SYMPOSIUM ON GLAUCOMA—Transactions of New Orleans Academy of Ophthalmology, 1957.** Editor, William B. Clark, M.D., F.A.C.S.; Diplomate, American Board of Ophthalmology; Professor of Clinical Ophthalmology, Tulane University School of Medicine, New Orleans, Louisiana; Associate Editor, Joe M. Carmichael, M.S.J. The C. V. Mosby Co., 3207 Washington Boulevard, St. Louis 3, Missouri, 1959. 314 pages, with 99 figures, \$13.50.

**YEAR BOOK OF OBSTETRICS AND GYNECOLOGY—1959-1960 Year Book Series.** Edited by J. P. Greenhill, B.S., M.D., F.A.C.S., F.I.C.S. (Honorary), Professor of Gynecology, Cook County Graduate School of Medicine; author of Office Gynecology, Surgical Gynecology, Obstetrics and Obstetrics in General Practice. Year Book Publishers, Inc., 200 E. Illinois Street, Chicago 11, Illinois, 1959. 573 pages, \$8.00.

## Outlook Markedly Improved For Stroke Patients

An estimated two million persons who have suffered strokes are alive today, and the outlook for stroke patients has "markedly improved" in the past five years, a New York heart specialist has reported.

In an interview reported in the November *Today's Health*, published by the American Medical Association, Dr. Irving S. Wright, Cornell University Medical College, New York, said that even in 1954, "the approach of the medical profession was one of hopelessness. It was just too bad but the stroke patient was stuck with what he had."

Now, he added, "a great catalytic movement is taking place." Hundreds of researchers are working in the field of strokes, and both knowledge and treatment of stroke conditions have advanced a great deal.

Dr. Wright said that figures from a 10-year study by Columbia and Cornell Universities and Bellevue Hospital on treatment of the acute phase of first strokes, "suggest that for survival alone there's an improvement of about one-third by using anticoagulants in treatment of thrombosis."

The figures, he added, are almost the same as those from a study of the treatment of coronary thrombosis with anticoagulants made under the auspices of the American Heart Association.

Tracing the development of strokes, Dr. Wright pointed out that they are caused when a blood vessel supplying the brain becomes clogged, usually with a blood clot. Innumerable combinations of brain and body damage can occur. Depending upon which area of the brain is affected, a person may have a stroke without knowing it. When blood from a clot leaks into the brain area, a hemorrhage occurs.

Men, especially those with hardening of the arteries, seem to develop stroke symptoms earlier than women, he added. The sex difference tends to even up to some degree after menopause because women lose protection from their hormones.

"Anticoagulants will be much more widely used, as with heart disease," predicted Dr. Wright. "I think it can be said that the risk of a second stroke can be reduced markedly by keeping the patient on anticoagulants, provided that the original stroke was due either to an embolism coming from the heart or to a clot forming within the brain."

Anticoagulants should never be given to a patient with a hemorrhagic or "bleeding" stroke, he cautioned.

Dr. Wright made these other observations about strokes:

**Rehabilitation:** "Workers are most enthusiastic about their ability to get the patient to utilize muscles and nerves which are intact. Further studies are underway. But the patient must still know he is wanted in order to have the will to get well."

**Stress:** "Some physicians have taken the position

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## Bowen's Disease and Its Relationship to Systemic Cancer

The characteristic finding in the disease described by Bowen is a chronic solitary lesion composed of lenticular papules. The histological picture of atypical epithelial proliferation also occurs in multiple, nonelevated, scaly or crusted plaques. Specimens for study were obtained from 35 patients after death and were compared with similar materials from 35 patients with senile keratosis, 35 with squamous-cell carcinoma of the skin, 139 with exfoliative dermatitis, and many other patients with other cutaneous diseases. The average age of onset for the 35 patients with Bowen's disease was 54 years; the duration of the lesion from onset to surgery ranged from 5 months to 30 years. The lesions ranged in diameter from 0.7 to 13 cm. with a median of 1.9 cm. They usually appeared as erythematous, pigmented, crusty, scaly fissured, keratotic plaques. Their configuration varied from round plaques, sharply demarcated from the surrounding tissue, to an irregular, polycyclic, lenticular pattern. They were firm, indurated, rough, and granular to palpation. The first lesion surgically removed was most frequently diagnosed as squamous-cell or basal-cell carcinoma, and only once was the diagnosis of Bowen's disease made at the first examination of a specimen. Surgi-

\*Abstract from A.M.A. Arch. Dermat., 80:133-159, Aug. 1959, James H. Graham and Elson B. Helwig.

cal excision of the lesion is the recommended treatment; the need for sufficiently wide excision was indicated by the fact that in four patients the lesions were clearly invasive and in two others widespread metastases appeared. The evidence of an association of Bowen's disease with internal and cutaneous cancer was convincing, and it is suggested that the lesions are cutaneous manifestations of a systemic carcinogenic disease process.

## Outlook Markedly Improved For Stroke Patients

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that heart attacks, like strokes, are largely produced by . . . stress in our civilization. I doubt this. The evidence for this is poor and there are many other factors, such as hormones or diet, for which the evidence is far better."

Diet: "I don't think we're yet in a position to advise a drastic change in our national diet." However, obese persons or those with high blood cholesterol should keep their fat and cholesterol intake down.

Exercise: "Physical exercise within reason is good for people. The evidence suggests that this does them no harm and may even help to protect them against heart attacks and strokes. After such attacks, of course, activity has to be well controlled."

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